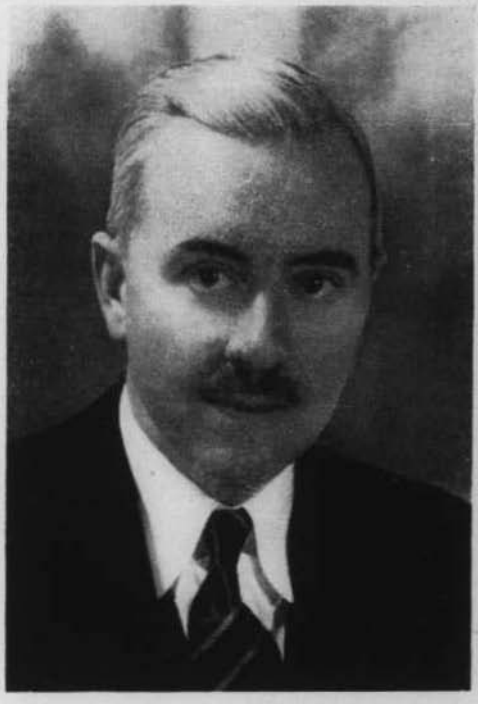
FLORIDA HEALTH NOTES



THOMAS PARRAN, M. D.
Surgeon General, U. S. Public Health Service

He will make first speaking engagement in Florida as Honor Guest at dinner on "Health in Home and National Defense" — Conference, Orlando, January 16, 17

STATE BOARD OF HEALTH
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CONTENTS

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All Patriotic Citizens Urged To Attend Orlando State-Wide Conference On "Health In Home And National Defense"

Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, And Mrs. Spessard L. Holland, To Be Honored At Dinner . . . Audience Participation Policy Is Planned

PATRIOTIC Florida citizens and visitors are urged to attend the Conference on "Health in Home and National Defense" at the Angebilt Hotel, Orlando, Friday and Saturday, January 16 - 17. It is intended primarily as a meeting for public-spirited citizens, where lay persons and professionals in private practice may ask the questions, and specialists in public health provide the answers. The County sending the largest delegation will receive an attendance award. Orange County, of which Orlando is the county seat, has generously agreed not to compete. Volusia County has set 50 as the goal for delegates to the 24-hour conference.

Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, and Mrs. Spessard L. Holland, First Lady of Florida, are being tendered a dinner Friday, January 16. Mrs. Holland, widely known for her interest in public health, will attend several of the general sessions.

The meeting is the annual convention of the State-Wide Public Health Committee, an organization of Florida leaders dedicated to the advancement of public health in this state. It is an outgrowth of the American Public Health Association survey, "The Health Situation in Florida", which began with six members and now numbers some 8000 men and women, both lay and professional. There are county affiliates in every county excepting Palm Beach.

Instead of the

"Health in Home and National Defense" Conference

January 16-17, 1942
Orlando — Angebilt Hotel

FRIDAY

A. M.
11:00 "Effects of War on Establishment of County Health Units"

Luncheon
1:00 "Florida N.Y.A. Health Examinations"
"Priority Problems"

P. M.
2:30 "Effects of War on Health Unit Budgets and Merit System"

Dinner
Honoring
7:00 Surgeon General Thomas Parran
Mrs. Spessard L. Holland

SATURDAY

A. M.
9:00 "Effects of War on Services and Problems of County Health Unit"

Luncheon
12:30 Honoring County Medical Society Presidents, County Public Health Committee Chairmen, County Health Officers

DR.
WALTER
S.
JONES, JR.
Miami
—
President,
Florida
Medical
Association

customary program of formal speeches, this conference will follow the policy of audience participation in a series of informal round table discussions involving public health administration in counties and the effect of the war upon this service. Each round table will be led by a citizen, assisted by a Board of Specialists and a Board of Lay Persons, in addition to the audience.

Among the prominent national representatives who will be present are Dr. James A. Crabtree, Washington, Executive Secretary, Health and Medical Committee, Federal Security Agency, who will participate in several round tables and address the Friday luncheon on "Priority Problems." Others include:—

Dr. L. L. Williams, Atlanta, liaison officer, Fourth Corps Area,—

Dr. Carl E. Buck, New York, field director, American Public Health Association. Dr. Buck had charge of the Florida survey of 1939. He will summarize the conference at the closing luncheon on Friday, giving the implications from the viewpoint of the State,—

Gordon Segar, Ph.D., Washington, Director of Merit System, U. S. Public

Health Service.

Dr. John A. Ferrell, New York, associate director, Rockefeller Foundation, I. H. D.

Dr. Frances C. Rothert, New Orleans, regional medical consultant, U. S. Children's Bureau,—

Miss Helen Bean, New Orleans, regional public health nursing consultant, U. S. Public Health Service.

Dr. Harry E. Handley, New York, representing the Commonwealth Fund, whose generous grant to the American Public Health Association, made possible the Florida and several other state studies without cost to the respective localities.

To Introduce Honor Guests

Dr. Walter S. Jones, Jr., Miami, President of the Florida Medical Association, will introduce Dr. Parran at the dinner Friday night. This association had a representative on the planning committee that organized the State-Wide Public Health Committee, and has been active in its operation.

Mrs. Holland will be introduced at the dinner by Dr. William H. Pickett, State Health Officer. Dr. T. Z. Cason, Jacksonville, will introduce other notables. Dean Walter J. Matherly, Gainesville, President of the State-Wide Public Health Committee will preside at the dinner meeting.

The invocation and benediction will be given by chaplains from the Orlando Army Air Base and the Jacksonville Naval Air Station. A feature of the dinner is to be the Presentation of Colors by a color guard consisting of representatives of the Army, Navy and Marines.

Carl D. Brorein, Tampa, vice-chairman of the State Defense Council, will give the delegates at the dinner a first-hand report on activities of that organization. Dr. Gilbert S. Osincup, Orlando, chairman of the Health and Housing Division, State Defense Council and President-Elect of the Florida Medical Association, will also give a brief account of his division's part in the State Defense program.

Prominent Floridians Attending

A number of Floridians prominent in civic affairs have accepted invitations to attend the Conference. They include—

Dr. J. Sam Turberville, Century, immediate past president Florida Medical Association;

Dr. Quillian Jones, Ft. Myers, co-chairman, Lee County Public Health Committee;

E. Dixie Beggs, Pensacola, member of the Executive Board, State-Wide Public Health Committee;

Colin English, Tallahassee, state Superintendent of Public Instruction;

Boyce Williams, Tallahassee, Chairman, State Industrial Commission;

Charles Lavin, Jacksonville, State NYA Administrator;

Dr. Herbert L. Bryans, Pensacola, member State Board of Health;

William B. Parr, Tampa, member State Board of Health;

Ballard Simmons, Gainesville, President Florida Education Association;

Miss Katherine Montgomery, Tallahassee, director Health and Physical Education, Florida State College for Women;

Dr. Hamilton Holt, Winter Park, President Rollins College;

Walter C. Sherman, Panama City, President State Chamber of Commerce;

Leland Hiatt, Jacksonville, State Commissioner of Welfare;

Dr. M. Jay Flipse, Miami, chairman Public Health Committee, Florida Medical Association;

Dr. E. D. Hinckley, Gainesville, supervisor State Welfare Board Merit System;

Angus Laird, Gainesville, supervisor State Board of Health and Crippled Children's Commission Merit System;

Mrs. T. S. Garber, Winter Haven, State President, Florida League of Women Voters;

Clayton Codrington, Lake City, President Florida Press Association;

George L. Burr, Tallahassee, Executive Director, State Defense Council;

Mrs. S. E. Montgomery, Apalachicola, chairman Public Health Division, Florida Federation of Women's Clubs;

Chester B. Treadway, Orlando, State Chairman, Infantile Paralysis Foundation;

Mrs. May Pynchon, Jacksonville, Executive Secretary, Florida Tuberculosis and Health Association;

Mrs. Mary Keown, Tallahassee, State Home Demonstration Agent.

W. A. Leffler, Sanford, Chairman Seminole County Public Health Committee.

J. Tom Watson, Tallahassee, Attorney General of Florida;

J. M. Lee, Tallahassee, State Comptroller;

Mrs. Carl E. Dunaway, Miami, Chairman Women's Division, State Defense Council.

There are many others who have not yet determined whether or not it will be possible for them to attend.

Local and Program Committees

The program committee for the Conference is headed by Mrs. Malcolm McClellan, Jacksonville, vice-president of the State-Wide Public Health Committee. Other members of the Conference committee are Richard H. Simpson, Monticello; Mrs. John R. Parkinson, Daytona; Mrs. George T. Shannon, Tampa, who is also in charge of state publicity; Dr. T. Z. Cason and John P. Ingle Sr., Jacksonville.

The Orlando Committee in charge of General Arrangements consists of Don Evans, Chairman; Mrs. L. H. Gibbs, Mrs. F. S. Kottmeier, Mrs. A. H. Smith Jr., Mrs. Margaret Lawrence, Mrs. W. R. Boone, Dr. Frank D. Gray, Carl Jackson, Brantley B. Burcham, J. T. Branham, Walter B. Pyne, Dr. William P. Rice, Mrs. Edwina Dyke, Mrs. Alice Engdahl, Walter S. Beardall, Mrs. Sam F. Ricker, Mrs. Foster Fanning, Col. T. S. Voss, Marin Andersen.

Edward M. Newald, Orlando, chairman District 4 of the state organization and President of the Florida Tuberculosis and Health Association, is assisting with arrangements. Mrs. C. R. Whitaker, Eustis, co-chairman of the district, has charge of encouraging attendance from other counties in the district.

State Executive Board

Members of the Executive Board of the State-Wide Public Health Committee, in addition to Dean Matherly, Mrs. Gibbs, Mr. Newald, Mrs. Whitaker, Mrs. Parkinson, Mrs. Shannon and Mrs. McClellan, are:

Mrs. Thurston Roberts, President, Florida Federation of Women's Clubs and a founder of the citizens' health organization;

Dr. Lloyd N. Harlow, Jacksonville, President State Dental Society;

Dr. Joy E. Adams, St. Petersburg, President State Junior Chamber of Commerce;

Miss Agnes Sawby, St. Augustine, President Florida Diatetic Association;

Mrs. Martha Stetson, St. Petersburg, President State Nurses Association;

W. W. Simmons, Jacksonville, President Associated Industries of Florida;

Rupert Caviness, Ocala, Department Commander, American Legion of Florida;

Robert R. Milam, Jacksonville, President Florida Bar Association;

Mrs. Mary Carswell, Tallahassee, President Florida Federation of Business and Professional Women's Clubs;

Dr. Thomas E. Buckman, Mrs. Camille S. L'Engle, Clifford A. Payne, Mrs. Willis M. Ball and John P. Ingle, Jacksonville;

Marion T. Gaines, Pensacola; F. A. Rhodes and Mrs. C. Clifton Moor, Tallahassee; J. T. Smoot, Ft. Myers; Mrs. Loring Raoul, Sarasota; O. W. King and Mrs. J. Austin Williams, Tampa; D. H. Redfearn and Mrs. Sydney Weintraub, Miami.

Members of the State Board of Health staff expected to participate in the round table discussions besides Dr. Pickett, are Dr. J. N. Patterson, assistant state health officer; Dr. R. C. Hood, Dr. A. W. Newitt, Dr. Harry B. Smith; Dr. L. C. Gonzalez, David B. Lee, Miss Ruth Mettinger, Dr. Lynne E. Baker, Dr. Lloyd N. Harlow, Dr. E. O. Wicks, Wilson G. Batzell, Dr. John E. Elmendorf, Dr. W. A. Summers.

MRS. SPESSARD L. HOLLAND — First Lady of Florida

Persons Who Compound Drugs And Prescriptions In Florida Must Pass Pharmacy Examination

IN 1927 THERE were approximately 300 prosecutions a year in Florida against persons compounding drugs and prescriptions without a license. Today, with the cooperative efforts of the State Board of Pharmacy and the State Board of Health, the yearly average is about 15 such convictions. However, it takes about 4000 inspections annually by Bureau of Narcotics investigators of the State Board of Health to keep the record at this minimum.

Every drug store in the state must be registered with the State Board of Health and every pharmacist must obtain a license from the State Board of Pharmacy. This is done as a public health measure, so that those who purchase prescriptions may be sure they are compounded by qualified persons.

According to Florida law, a person who accepts employment as a pharmacist must first have passed the examination of the State Board of Pharmacy. Examinations are held twice a year at Gainesville and applicants therefor must be graduates of a recognized college of pharmacy giving a four-year course.

The present State Board of Pharmacy is composed of J. K. Attwood, Jacksonville, President; R. Q. Richards, Ft. Myers; George Martin, Tallahassee; Don Evans, Orlando; and C. G. Hamilton, Pompano. Each member serves four years and it is so arranged that a new person goes on the board each year, with the exception of every fourth year when two new persons are appointed. The appointment is made by the Governor.

Up until 1927 investigations of violations of the law affecting pharmacists was conducted by the State Board of Pharmacy. However, with some 800 drug stores in the state and the necessity for continuous inspections, the task of enforcement of the law required a full-time organization. The State Board of Pharmacy asked the State Board of Health to assume this responsibility. With trained investigators and a chief inspector already on the staff, it was necessary only for the State Board of Health to expand services already in operation. This was made possible by funds obtained from license fees collected by the Board of Pharmacy. There is no fee for the State Board of Health drug store registration.

Convictions against drug stores are made under the Drug and Sign Act which compels any place of business compounding drugs and prescriptions to have a licensed pharmacist on duty at all times. If a store displays a sign using the word "drug or drugs" it is assumed that compounded drugs and medicine are for sale therein, and that store automatically comes under the provisions of this Act.

The Drug and Sign Act does not affect "Proprietary Medicine" and "General" stores selling patent medicines and drugs in the original packages of the manufacturer. However, should the storekeeper begin mixing his own combinations of pills, capsules or other medicines or drugs, he would be violating the law, unless he himself is a Florida-licensed pharmacist or unless he employs such a person.

Most frequent violators of the law are pharmacists from other states who accept employment in Florida drug stores without first obtaining a Florida license. Because of the proximity of the two states, a large portion of these violators come from Georgia. Such violations involve not only the pharmacist employed but also the person employing him.

There is no reciprocity between Florida and other states in the matter of licensed pharmacists or licensed medical doctors. Even though a person may hold a license from another state he or she must pass the Florida board examinations and obtain a Florida license before engaging in practice in this state.

The public may easily determine whether they are dealing with such persons or stores. Pharmacists' licenses and drug store registrations must be conspicuously displayed in the place of business.

Marion T. Gaines Receives Recognition

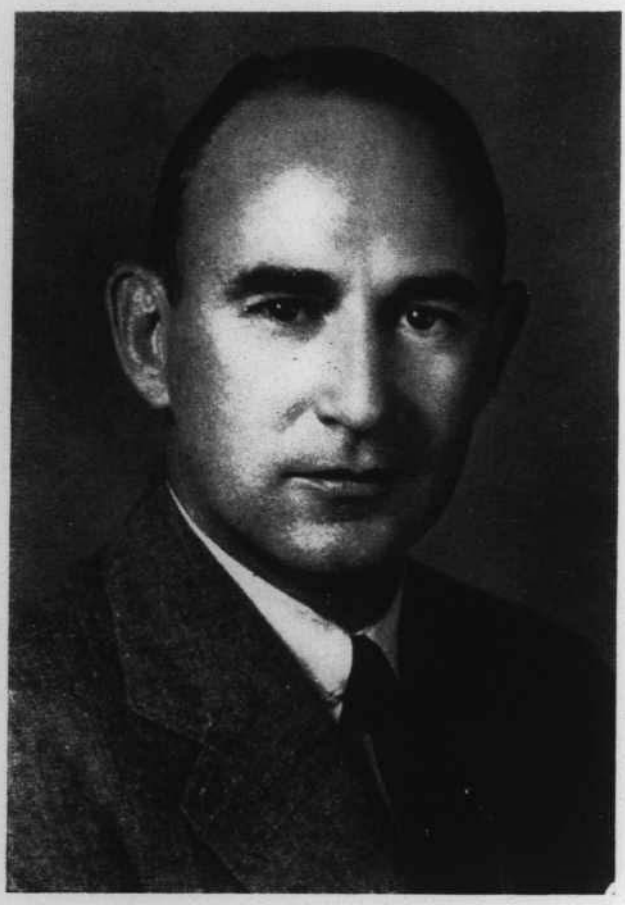
MARION T. GAINES, of Pensacola, Chairman of District 1, Florida State-Wide Public Health Committee, and for many years an ardent supporter of public health, has recently been the recipient of public recognition of his outstanding service, not only in Escambia County but also other West Florida counties. The Escambia County Health Council, affiliate of the State-Wide Public Health Committee, passed a resolution on November 21, 1941, expressing their appreciation for Mr. Gaines' outstanding civic service. Mr. Gaines is editor of the Pensacola News-Journal, and in addition to serving as district public health chairman he has also been president of the Escambia County Health Council; and a member of the Joint Committee of the Florida Medical Association and the State-Wide Public Health Committee to study revision of Florida public health laws as they effect the composition and size of the State Board of Health.

A copy of the resolution honoring Mr. Gaines follows:

A copy of the resolution honoring Mr. Gaines was submitted to HEALTH NOTES by Dr. A. L. Stebbins, Director of the Escambia County Health Unit. It is reprinted herewith:

"*Whereas*, there have recently been organized in the Counties of Santa Rosa, Okaloosa and Walton local Health Units, and the accomplishment of such organizations has been largely due to the able efforts of Mr. Marion T. Gaines of Escambia County, Florida, it is the desire of this body publicly to recognize his able and unselfish service.

"*Now, Therefore, Be It Resolved* by the Escambia County Health Council in regular meeting assembled that it does on behalf of the people of the County and the State of Florida hereby express its deep appreciation and thanks for the substantial accomplishments made possible by his labors, and that a copy of this Resolution be furnished by the Secretary to Mr. Gaines as a token of public appreciation."



SHALER A. RICHARDSON, M. D.

Dr. Richardson's Resignation Brings Resolution of Regret

A RESOLUTION expressing regret over the resignation of Dr. Shaler A. Richardson, President of the State Board of Health, has been passed by the members of that Board. Dr. Richardson tendered his resignation to Governor Spessard L. Holland on November 3, 1941 to take effect that day. At the time of going to press no one had been named to fill the vacancy.

In tendering his resignation, Dr. Richardson gave as his reason insufficient time to devote to the ever-increasing volume of work of the State Board of Health and at the same time do justice to his private practice and official duties of the Florida Medical Association. Dr. Richardson has for many years been secretary-treasurer of that organization and editor of the Florida Medical Journal, monthly publication of the Florida Medical Association.

Dr. Richardson became a member of the State Board of Health in 1936 and has served continuously since that time. He was elected President of the Board early in 1941 following the death of the former President, Dr. N. A. Baltzell, of Marianna.

Other members of the State Board of Health are Dr. Herbert L. Bryans, Pensacola, and William B. Parr, Tam-

pa. The resolution regarding Dr. Richardson's resignation follows:

Whereas, Dr. Shaler A. Richardson, both as President of the State Board of Health and a member of the Board for a period of years, has given unselfishly of his time and rare judgment, and

Whereas, Dr. Richardson has evidenced untiring devotion to the welfare of the people of Florida and their public health problems, and

Whereas, Dr. Richardson, as an eminent practicing physician serving on the State Board of Health, has been instrumental in affecting a cooperative program designed to emphasize the mutual problems and responsibilities of the Florida Medical Association and the Florida State Board of Health, and

Whereas, Dr. Richardson, as President, has successfully guided the Board through many difficult situations, and

Whereas, the State Board of Health has incurred a great loss in the resignation of so capable a leader as Dr. Richardson,

Now Therefore Be It Resolved, that we, the members of the State Board of Health, do express our sincere appreciation for Dr. Richardson's faithful service and our deep regret that he has deemed it necessary to resign, and

Be It Further Resolved that a copy of this resolution be spread upon the minutes of this meeting of the State Board of Health, that copies be sent to Governor Spessard L. Holland, to the President of the Florida Medical Association and to Dr. Shaler A. Richardson.

Public Protected Against Parrot Fever By Health Board Regulations

THE STATE BOARD OF HEALTH in executive session on October 2nd adopted a Sanitary Code containing rules and regulations for the control of the communicable diseases.

Regulation 35 of the Sanitary Code appears to be of sufficient importance to warrant reproduction in its entirety and to make some comments on the circumstances leading up to its adoption.

The regulation is as follows:

Importation, Purchase, Breeding, Giving Away, Sale or Offer of Sale of Birds of the Psittacine Family Prohibited

"*Regulation* 35: The importation, purchase, breeding, giving away, sale or offer of sale of birds of the psittacine family is hereby prohibited; provided, however, that the importation and breeding of such birds for scientific research or exhibition in public zoological gardens may be permitted subject to the approval of the State Health Officer.

For the purpose of carrying out the provisions of this regulation, birds of the psittacine family shall mean and include any parrot, parrakeet love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or psittacine family not specifically enumerated herein.

This regulation shall become effective not less than twelve months after the date of its adoption."

Psittacosis is primarily a disease of birds of the psittacine (parrot) family and secondarily of man. It is caused by an infectious agent known as a filtrable virus found widely distributed in psittacine birds, particularly shell parrakeets. In the human the infection causes an atypical pneumonia with a high mortality rate (35-40%). The infection is highly communicable to man and is contracted by contact with infected birds.

In 1932 a survey of more than 1100 aviaries containing over 100,000 parrakeets in one of the states where the bird industry is concentrated, revealed nearly half of the aviaries infected with the virus of psittacosis. The infection is sometimes fatal to infected birds but the majority of the birds so infected remain in an apparently healthy condition and serve as "carriers" of the virus. Humans may contract psittacosis by coming in contact with such birds.

That birds in Florida aviaries are infected with the virus of psittacosis is amply demonstrated by recent experiences in states into which parrakeets were shipped from Florida. Recently a citizen of a neighboring state died from psittacosis which was contracted as the result of contact with parrakeets originating in Florida. This man was exposed to four apparently healthy parrakeets which were purchased from a local seed store about two weeks prior to the date of his onset. These birds were shipped out of Florida by a breeder located in a West Coast City of the State, the birds having been received by the store where they were purchased about six weeks prior to the patient's onset. The patient developed a pneumonia and a day or two before he died, the birds were turned over to health authorities for laboratory examination. From all outward appearances the birds were healthy. The birds were chloroformed, spleens removed and extracts of these organs injected into mice. The mice were forwarded to the National Institute of Health (Laboratory of the United States Public Health Service) where the virus of psittacosis was recovered, demonstrating beyond all reasonable doubt that the birds were carriers of the virus and served as the source of infection for the patient who purchased the birds and later developed pneumonia and died.

In another instance, parrakeets were shipped from Florida into one of the New England States which prohibits importation of birds of the psittacine family. These birds were apprehended by the health authorities of that State and in spite of the apparently perfect health of the birds, subsequent laboratory examination revealed the birds to be harboring the virus of psittacosis and likewise to be carriers of the infection.

Recent studies in the problem of psittacosis reveal that other genera of birds besides birds of the psittacine family are susceptible to the virsus of psittacosis. It has been shown that pigeons, canaries and finches contract the infection when exposed to infected parrakeets, and in one instance it was found that chickens harbored the virus following exposure to the infection.

From these studies, then, it would appear that psittacine birds constitute a great reservoir of psittacosis infection from which other genera of birds may become secondarily infected and disseminate the virus thus creating a major public health problem with many angles.

Health authorities of the several states generally have recognized the public health hazards involved in the traffic of birds of the psittacine family and have adopted regulations prohibiting the importation of such birds. At the present time the states of New York, New Jersey, Connecticut, and Maryland prohibit the importation of all psittacine birds, while California, Maine, Minnesota, and Oregon prohibit the importation of parrakeets.

Board Of Health Regulates Tourist And Trailer Camp Operation

Law Causes Board To Issue Permits To Tourist And Trailer Camps . . . Require Revocation Of Permit For Failure to Meet Health Regulations

THERE FOLLOWS below an exact reproduction of those laws of the Florida State Sanitary Code covering Tourist and Trailer Camps, Stream Pollution, Water Supplies and Sewage Disposal:

An Act Empowering the State Board of Health to Supervise and Regulate Tourist and Trailer Camps in the State of Florida and to Issue Revocable Permits for the Operation of Same

Chapter 19365, General Laws of Florida, Acts 1939

SECTION 1. *Tourist and Trailer Camps defined:* A tourist camp is hereby defined and declared to be a place where two or more tents, tent houses, or camp cottages are located and offered by a person, firm, corporation, or municipality for sleeping or eating accommodations most generally to the transient public and where there is direct remuneration in money to the owner or indirect benefit to the owner in connection with a related business. A trailer camp is hereby defined and declared to be a place set aside and offered by any person, firm, corporation, or municipality most generally to the transient public for the parking and accommodation of two or more automobile trailers which are to be occupied for sleeping or eating for either a direct money consideration or for indirect benefit to the owner in connection with a related business.

SECTION 2. *Permit for Establishment; Revocation:* No person, firm, corporation, or municipality shall establish or maintain any tourist camp or trailer camp in this State without first obtaining a permit therefor from the State Board of Health and the State Board of Health shall have the power to revoke any permit issued to any person, firm, corporation, or municipality operating or maintaining a tourist camp or trailer camp upon the failure of such person, firm, corporation or municipality to comply with the provisions of this Act or the rules and regulations made and promulgated by the State Board of Health. Renewal of permit shall be as the State Board in its discretion may require.

SECTION 3. *Application for Permit:* Application for such permit shall be made in writing to the State Board of Health. The application shall state the location of the existing or proposed camp, type of camp, the approximate number of persons or trailers to be accommodated, the probable duration of use, and any other information the State Board of Health may require.

SECTION 4. *Issuance of Permit:* If the State Health Officer is satisfied, after causing an inspection to be made, that the existing or proposed tourist or trailer camp is located, constructed, and equipped as not to be a source of danger to the health of others or its occupants he shall issue in the name of the State Board of Health the necessary permit in writing on a form to be prescribed by the State Board of Health.

SECTION 5. *Supervision by State Board of Health; Rules and Regulations:* The State Board of Health shall have general supervision of the health and sanitary conditions of all tourist and trailer camps located in the State, and shall have the power to make, promulgate and enforce such rules and regulations pertaining to the location, construction, equipment and operation of such camps as may be necessary.

SECTION 6. *Liens of Owners, Operators or Keepers of Camps; Ejection of Occupants:* Liens prior in dignity to all others except liens for unpaid purchase price shall exist in favor of owners, operators, or keepers of tourist camps or trailer camps for rent owing by and for money or other property advanced to any occupant thereof upon the goods, chattels or other personal property of the occupant of such camp. Upon the non-payment of such sums in accordance with the rules of such camps, or for failure to observe any provision of this Act or the rules and regulations prescribed by the State Board of Health, the owner, operator or keeper thereof may instantly eject such occupant or occupants therefrom; the liens hereby created in favor of owners, operators, or keepers of tourist camps or trailer camps may be enforced in the same manner as is now or may hereafter be provided by law for the enforcement of liens in favor of keepers of hotels and boarding houses. Nothing in this Section, however, shall prevent owners or operators of tourist camps or trailer camps from enforcing any claims for rent under and in the manner provided by landlord and tenant acts of this State.

SECTION 7. *Laws and Rules and Regulations to be Posted in Camps:* It shall be the duty of the State Board of Health to see that there be posted in one or more places in each tourist camp and trailer camp, a copy of the provisions contained in this Act, and such rules and regulations as the State Board of Health may make or promulgate relating to the health and sanitation of such camps.

SECTION 8. It shall be unlawful to park an automobile trailer house for occupancy on the water shed of any stream or water course used as a source of public water supply except under such regulations as the State Board of Health may prescribe.

SECTION 9. *Use of Toilets on Trailers Prohibited in the State:* It shall be unlawful to use any toilet, commode, or receptacle for receiving the bowel movements in connection with or installed in an automobile trailer cottage or house when said trailer is being drawn along the public highways of the State or is at rest on said highways or right-of-ways of same. It shall also be unlawful to use such toilets or devices within a trailer camp having a permit from the State Board of Health except where the owner or operator consents and has suitable arrangements to handle the wastes from such toilets approved in writing by the State Board of Health. It shall be unlawful to empty a receptacle containing human excreta or urine from a trailer house except into a sewerage system, or into a privy of the type approved by the State Board of Health. Trailer camp owners or operators shall provide means for the emptying of such receptacles and their cleaning as may be specified in the rules and regulations of the State Board of Health.

SECTION 10. *Maintaining Camp Without Permit or After Revocation of Same:* Any person, or firm, or in case of a corporation or municipality, the officers thereof who shall maintain a tourist camp or trailer camp without first obtaining a permit as provided by Section 2 of this Act, or maintain the same after revocation thereof, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding $300.00 or imprisonment not exceeding three months.

SECTION 11. *Violation of the Rules and Regulations of the State Board of Health:* Any camp owner or operator or occupant or tenant of any tourist camp, or other person who shall violate the rules and regulations of the State Board of Health as prescribed in Section 5 or elsewhere in this Act shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding $25.00 or by imprisonment not exceeding 30 days.

SECTION 12. *Occupying trailers in Prohibited Places or Use of Trailer Toilets a Violation:* Any person who shall park and occupy a trailer in violation of the provisions of Section 8 of this Act or shall violate the provisions of Section 9 of this Act shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding $25.00 or imprisonment not exceeding 30 days.

SECTION 13. *Effect of Partial Invalidity of Act:* In case any section or sections of this Act declared unconstitutional the same shall not invalidate any other section herein contained.

SECTION 14. All laws and parts of laws in conflict herewith are hereby repealed.

SECTION 15. This Act shall take effect upon becoming a law.

Social Work Short Course To Be Held January 28-29

A SHORT COURSE in "Community Organization for Defense" is being sponsored January 28 and 29 at the University of Florida by the Florida State Conference of Social Work. Announcement of the course has been made by Mrs. Dale James, Miami, president of the Conference.

Elwood Street of Richmond, Virginia, known authority on Community Organization, will be the featured speaker. The course is being conducted by the General Extension Division of the University.

Advance reservation is urged. A fee of $1 will be charged each registrant. Enrollees may have meals at the University Cafeteria at a per item cost of $1 or less per day.

Governor Holland is scheduled to open the session with an address to enrollees and the public. Joe Hall, State Department of Education, is chairman of the Short Course committee. Serving with him are Angus Laird, Gainesville; Coyle Moor, Tallahassee; Nash Higgins, Tampa; Miss Bula Mae Snider, Tallahassee; Dr. A. W. Newitt, Jacksonville; James S. Rickards, Tallahassee; Frank Wright, Gainesville; Willard Ayres, Bartow; G. F. Williams, Tampa; Richard Brown, Miami; Loris R. Bristol, Raiford; Constrance Pringle Rudd, Pahokee, Executive Secretary State Conference of Social Work.

HIGH POINTS OF AIR RAID INSTRUCTIONS

Keep cool
Keep calm
Keep your head

• Preparedness

Memorize Official Instructions
Learn "Alarm" and "All Clear" Signals

• Pedestrians

Extinguish cigarets or cigars
Seek shelter, indoors if possible
Doorways offer good haven in emergency

Walk, don't run
Don't gawk at sky
Lie flat, face down

• Motorists

Pull to right-hand curb
Park, turn out lights, get out
Seek shelter

• Home

Outfit most secluded room as family shelter
"Black out" all windows

For detailed instructions, see your local Defense Council—
Watch your local newspaper

HEALTH NOTES

FLORIDA

"Social Safety In War & After"

REGIONAL CONFERENCE SOUTHEASTERN STATES

Wednesday, February 4, 1942

JACKSONVILLE

10 A. M. to 5 P. M.

George Washington Hotel

Public Cordially Invited

PROGRAM PAGE 26 THIS ISSUE

STATE BOARD OF HEALTH
Jacksonville, Florida

Volume 34 **February 1942** **Number 2**

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CONTENTS

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Venereal Disease Services In Florida Must Exceed Average If Good Control Job Is Done*

R. A. VONDERLEHR, M. D.
Assistant Surgeon General, Division of Venereal Diseases
U. S. Public Health Service

Results Of First Selectee Examinations Analyzed . . . Straightforward Questions About Prostitution Raised . . . Public Health Authorities Advised To Carry Out Their Own Evaluation Studies

WORKERS in venereal disease control, busy with the manifold problems arising during the most intensive program this country has yet waged, may because of their serious preoccupation lack perspective in the evaluation of the measures they apply. In terms of a commonplace adage they find themselves "too close to the forest to see the trees". When this occurs there is serious need to take stock of the present program, compare it with that in nearby areas, ascertain how many elements of the recommended national program are being utilized, and proceed as promptly as possible to make all revisions necessary to adapt the campaign to conditions which exist in the State and the communities which form it.

The prevalence rates for syphlilis established through the routine serologic examination of the first million men under the Selective Service System have made available some of the most important information regarding the extent of the syphilis problem. These rates have also made it possible to compare the seriousness of syphilis prevalence in one State with another as well as in the different counties and cities within the area. With knowledge as to where syphilis occurs it is easy, if adequate funds and facilities are provided, to attack and control it.

Florida Selectee Examinations

What is the extent of your problem in Florida? The answer to a large extent is contained in the syphilis prevalence rates of the selectees[1]. The total rate for the United States in the first million men was 45.2 per thousand—18.5 for white, 247.7 for Negro, and 42.6 for other races which were not identified. In Florida these rates were 170.1, 46.8, 401.8 and 180.5 respectively. Thus the total prevalence was almost four times as high as that for the entire country with a rate among Negroes 60 percent higher and a rate among whites 150 percent higher than that of the United States.

It remains for those who are familiar with conditions in Florida to explain the significance of these differences. *One thing is certain. The control services and facilities in Florida must greatly exceed the average for the country if your State is to do an effective job.* Let us see what the record shows.

In the United States there was a 10 percent increase in the annual attack rate for gonorrhea and a one and one-half percent increase in syphilis for the fiscal year 1941 over 1940, while in Florida there was a 14.6 percent decrease in syphilis and a 12.6 percent increase in the gonorrhea rate.

* *Paper read before Florida Public Health Association annual meeting, December 4, 1941.*

These figures are based on cases reported to the State health department by all treatment sources.

The new admissions to clinic service offer an interesting comparison. In the 48 States and the Territories such admissions increased slightly more than one-fourth for gonorrhea in the fiscal year 1941 and exactly 18 percent for syphilis. These admissions increased 138 percent for gonorrhea and 83 percent for syphilis in Florida.

On the basis of cases reported to State health departments from all treatment sources, the annual attack rate for syphilis per thousand population in Florida and the United States was 10.7 and 3.7 respectively. In the same order the attack rate per thousand for gonorrhea was 1.2 and 1.5. In view of the syphilis rate in Florida as indicated by results of Selective Service testing it would appear that even more might be done to provide effective treatment for persons infected with syphilis. The gonorrhea rate for Florida indicates the need for a very large expansion in the control program for this disease.

Sulfathiazole May Be Answer

The average monthly patient load for gonorrhea decreased 12.8 percent last fiscal year in the nation's clinics, very probably due to the efficiency of sulfathiazole in shortening the course of this disease. The average monthly patient load for gonorrhea increased 42.9 percent in Florida.

Average monthly patient load for syphilis increased in 1941 for the country by 32.1 percent, and for Florida by 13.8 percent. The development of clinic service has been found to be the most economic and satisfactory method to provide mass treatment for the control of the venereal diseases. Failure to meet this need should, therefore, be considered a grievous error, although in meeting it too great emphasis should not be placed on the treatment of late syphilis.

Treatments for syphilis administered in the clinics of the United States totaled more than ten and one-half million in the fiscal year 1941 or an increase of 28 percent over the preceding year. For Florida this increase was 46 percent.

Astounding Laboratory Increase

It is improbable that a rise in public health laboratory work comparable to the pyramiding of serologic tests for syphilis during the last four years has ever before occurred. In 1938 only slightly more than three and one-half million such tests were performed in public laboratories. The number rose to more than sixteen and one-half million in 1941 or better than a fourfold increase. In Florida 30.2 percent more such tests were done in 1941 than in the preceding year. The increase for the entire country was 61.7 percent.

Thirty-two percent more clinics for the venereal diseases were reported to the Public Health Service in 1941 than in 1940. The total clinics now stand at 3,245 or approximately one clinic for 40,000 people. With a greater venereal disease problem than average Florida should have relatively more clinics. Records show one for 20,000 people in your State.

Quality of Service Stressed

Venereal disease control deals with human beings as well as cold statistics. What is the quality of your service? How well performed is the work in your State laboratory? Do you bring to examination and treatment as many alleged contacts as you should? What is your ability to hold to treatment patients with early syphilis and with gonorrhea? Is your clinic like the one described in the following story[a] told by a patient a short time ago?

"I began to feel bad a couple of weeks after I'd gone on a spree with a fellow at my boarding house and some wild women we picked up after we'd had too much to drink at one

of the juke joints just outside town. Felt as though I had a fever and had a hard sore that didn't heal up. I'd read a leaflet about syphilis that the boss had handed out in the pay envelopes a month or so ago, and I was pretty scared. The clerk at the prescription counter of the drug store where I eat my lunch seemed friendly, so I asked him where I could go to get a blood test that wouldn't cost too much. I'm only getting fifteen a week at the gas station where I work. He gave me the street number of a clinic here in town that he said the government was putting money into just to help the folks that didn't have a couple of hundred dollars to shell out to high-priced specialists.

"Well, I started out there one afternoon when I had some time because I was on for the late shift. Had a hard time finding the place. There was an old, dirty building at the number he'd given me and no sign of a clinic. I asked a fellow in a second hand shop on the ground floor if he knew anything about it. He just looked sour and said, 'Why don't you bums find out where you're going ' But a guy standing there said, 'Go upstairs and turn to your left.' I went upstairs and turned left and ran into two long lines of people, men in one and women in the other. I wondered what it was all about, thought maybe they were applying for jobs, or something. Then I got the smell of some kind of medicine and knew these were lines of people waiting to get into the clinic. I got in line too, and after awhile managed to squeeze into a crowded, smelly waiting room. I waited some more. Then a woman in a dirty white apron came over and said, 'You a new patient?'

Improper Handling of Patient

"I wasn't a patient yet, but I sure was new and I was getting awful tired of waiting, so I said 'Yes'. She said 'What's your name and address and have you got gonorrhea or syphilis?' I said I didn't know what I'd got, but I told her who I was and where I lived. She made out a card in a hurry and put a number on it. Then she said, 'Wait outside until your number is called.' I did so, and it took me an hour and a quarter to get into another little room where a young doctor with lots of blood on his gown and a messy-looking nurse were giving half a dozen men injections in the arm.

"The nurse looked at my card and said, very sharp, 'What are you doing here? You belong in the examination room. Two doors down. Next.'

"By that time I was plumb tired. But I went two doors down, past a place where a dozen fellows were getting injections in the hip with just about as much privacy as a goldfish in a bowl, into another hole in the wall with windows so dirty you couldn't see through and paint peeling from the wall. For a wonder, there was no waiting, for the doctor, an old man with a bald head and dirty fingernails was standing alone at a desk putting his instruments in a bag.

"I went in and he said, 'Don't know as I can take care of you, it's late.' I said I'd been standing in three lines for an awful long time but always seemed to get in the wrong place. He said, 'No wonder, the way this damned place is run. Well, get off your clothes and I'll take a crack at you.'

"He took about a minute and a half to go over me, then yelled for a nurse to come in and help him while he drew some blood from a vein. He picked up his bag and started to go while I was getting my clothes on. 'Have I got anything, Doc?' I asked him. 'Can't tell for sure till we get the report on that blood from the State laboratory.' He turned to answer when he was part way through the door, 'But it looks to me like you got early syphilis. You'll have to cut out chasing around with girls and come

in here for treatment every week. If you don't, the law says we can put you in jail!', and out he went.

Patient Recoils

"I don't mind saying I was good and mad. Sure, I'd been dumb to get mixed up with those tough girls in the first place. But I'd seen the mayor's son and his crowd out at that juke joint having the same kind of a party that we did, and I didn't see any use in treating me like a criminal just because I didn't have the cash to go to a big doctor and get myself taken care of all proper.

"That night when I read the evening paper saw where a doctor advertised a guaranteed cure for all blood diseases and easy payments arranged. So I went to him the next day on my time off and I got three injections. Maybe he's some kind of a quack, but I feel better and the sore's going away. It's going to cost me fifty dollars, two dollars a week; I signed a slip that will take it out of my wages if I don't show up each pay-day, but nobody will know nothing about it if I pay on the line. Anything's better than going back to that clinic dump."

Determination of the efficiency of your venereal disease control program can best be made by you, who should be familiar with actual conditions in your community. It is true that trained workers are available from official and unofficial organizations for special surveys. But all the special surveyors in the world cannot keep a local health department on an effective basis unless the workers in the organization are reasonably critical of themselves.

Straight-From-Shoulder Questions

My final theme deals with segregated and tolerated prostitution and the relationship it bears to the spread of venereal diseases. *The health officer has a fundamental epidemiologic interest in prostitution.* He must limit the number of contacts between healthy and exposed and diseased people with syphilis and gonorrhea as he does between such people with other infective diseases. He, therefore, must question and requestion his public along these lines: To how many white slavers and brothel madames do you entrust the health of your manpower? How many thousands of dollars a week do your irresponsible real estate owners collect from prostitutes? What is the pay-off to corrupt law enforcement officers? How tolerant are your police of the brothel-incubators of the pale spirochete and the gonococcus? If your community has taken steps to repress prostitution, are your plain-clothes-men as alert in recognizing a clandestine prostitute as an amorous man-on-the-street? Are your politicians so dishonest that they give lip-service for repression by day and parties for ladies of easy virtue by night? What is the illegitimate income from prostitution of shyster lawyers and bail-bond sharks in your community. How many of your doctors are so unscrupulous that they give worthless health certificates to prostitutes for a fee?

These are not mere social problems for the reformer. Their implications connote a serious damage to the public health. They demand the most careful and dispassionate consideration of all venereal disease control officers — indeed, of all honest health officers. All available evidence shows that the system of regulation is a fifth columnist of the first order against the venereal disease control program.

REFERENCES

[1] Syphilis Among Selectees and Volunteers, R. A. Vonderlehr, and Lida J. Usilton. J. A. M. A., Chicago, 117: 1350, Oct. 18, 1941.

[2] Plain Words About Venereal Disease. Thomas Parran and R. A. Vonderlehr. Reynal and Hitchcock, Inc. New York, 1941.

Greater Efficiency In Meeting Gonorrhea Problem Sought By Nationally Known Physician*

PERCY S. PELOUZE, M.D.
Assistant Professor of Urology, University of Pennsylvania

Florida's High Rate Should Be Challenge To Health Authorities And Private Physicians . . . Time For All States To Look This Problem Squarely In The Face And Begin Solving It, Says Dr. Pelouze

THE RESULTS of the tests for syphilis in the first million selectees and volunteers has served to bring Florida very much into the spotlight. And this light is in no sense dimmed by the fact that you have within your borders many encampments of the youth of our country. Indeed, this has caused no little apprehension in Army, Navy and Public Health circles.

To refresh your memory let me tell you what the incidence of syphilis was in your young men. Among your whites there were 46.8 cases in every thousand — a figure exceeded by only Arizona. Among your colored youth you had 401.8 cases of syphilis per thousand — here your nearest competitor ran a decidedly poor second at 296.5 per thousand. Reducing your incidences to percentages we find that 4.68 per cent of your white and 40.18 per cent of your colored possible soldiers had syphilis. Neither of these figures adds much glory to any state. *They, however, should give your health authorities and physicians an enormous incentive to do something about the matter.*

• There are no reliable figures upon the incidence of gonorrhea within your state borders, or of any other state, for that matter. We might, however, gain some general ideas upon the subject by turning to the 1940-41 incidence in the Navy. During that governmental fiscal year there were just 7.41 cases of gonorrhea to every one of syphilis. For years we have been in the habit of saying that there was from 3 to 5 times as much gonorrhea as syphilis. So, if we want to view the Navy figure as excessive we must admit that it gives us justification for feeling that there are at least 5 cases of gonorrhea in the country at large each year to every one of syphilis.

Those of you who are mathematically inclined probably are trying to figure out how your colored population, with a 40 per cent syphilis rate, possibly could have 5 times as many cases of gonorrhea. It looks as though there would be more cases of gonorrhea than there were people to have it. The answer rests in the words, *each year*. Most of the cases of syphilis found were those of old infections — 2, 3, 5 or more years. Gonorrhea, being a disease of comparatively short duration, gets around much further and far more rapidly — two or more attacks in the same individual during the year are by no means rare.

Be the actual incidence what it may, the fact remains that gonorrhea is far more prevalent than is syphilis and, though there is supposed to be a campaign on for the control of both diseases, almost nothing worthy of the name of control is being done about gonorrhea. Your state, in this regard, is no different from most of the others. Practically all of its effort is expended

* Substance of a talk given before the Florida Public Health Association at Orlando December 4, 1941.

upon syphilis, despite the fact that our new chemotherapeutic agents make it possible to cure gonorrhea in at least 75 per cent of the cases in about the same time that it takes to make a real diagnosis of syphilis fortified by a serologic test. Of course, we do not know exactly in such a short time that these patients really are cured and not just made symptomless carriers of the gonococcus but prolonged post-treatment studies of large groups of cases have shown such to be the case.

• With this therapeutic set-up before us, let us go completely "Public Health" for a few moments. Of course, I can't go along with you, though I do see your point. You say that, "If we can cure quickly 66 per cent of the cases in an epidemic there ceases to be an epidemic." My inelastic mind keeps thinking of that 34 per cent whom you did not cure quickly, probably because I was not raised on statistics and have quite a soft spot for the out-of-luck among my lowly brethren. However, we non-statisticians will take a seat far in the rear for a spell and watch you squirm in trying to answer a question or two:

1 How is it that you can't find these thousands upon thousands of cases of gonorrhea in your midst so that they have that chance of quick cure?

2 Why is it that, with a pathetically small number of exceptions, you haven't even made a start in this direction?

3 If, or when you become sufficiently interested in the matter to make that start, how are you going about it?

There are, of course, many other questions that might be directed at you that would make you scratch your heads but these should be enough for the present. Bear in mind that Congress appropriated funds which have been passed into your State with instructions that some of them must be used for gonorrhea control. This, aside from the truly humanitarian aspects of the matter, puts you on the proverbial spot. Your Secretary of Health has passed these instructions along and, yet, a tour of your state has not shown me that much progress has been made or is even being attempted down where the patient, the health worker and the doctor meet. In other words, there is no attempted round-up, such as you have made with syphilis. The gonorrheic, unless she be a captured prostitute, comes and goes as he or she pleases with no annoyance from you and about the same amount of encouragement to seek your kindly help.

• In a large measure this is due to the fact that you have not made an effort to understand the gonorrheic as an individual and pattern a campaign in accordance with the knowledge so easily to be gained in such a study. For so long you have said that, "Epidemiologically gonorrhea and syphilis are alike," that you really believe the statement answers all of the questions. Anyone who has had years of experience in the treatment of both diseases, and had been deeply interested in the patients he treated, knows only too well that you can't stop there — particularly in dispensary practice or among the class of patients for whom such dispensaries are intended.

Assuming that you all know a great deal about the syphilitic as an individual, let us forget him for a while and discuss the gonorrheic. We might even narrow the field to that group that should be in our dispensaries. Those gonorrheics who seek treatment at the hands of the private physician do not differ greatly in their views from the patients with syphilis — they are deeply interested in their disease, want to get well as quickly as they can and usually are willing and anxious to protect others from infection. As we go down a little lower in the

financial or social scale, as you will, we find that, to an enormous extent, we are dealing with something entirely different. And it is this difference, plus the difference in the treatment facilities afforded those few who do take a chance at dispensary treatment, that make the problem what it is. The trouble in our campaign, so-called, is not in any great measure at the top where people sit in swivel-chairs and give orders. It is right down at the bottom where the health worker and the doctor hope to meet the patient — who usually fails to put in an appearance for a number of understandable reasons.

• People at this financial level are compelled to count costs. For things that frighten them little the corner druggist or a home remedy is first thought. A dispensary is all right for serious things, but they seldom put gonorrhea in that category. Aside from this is the fact that gonorrhea dispensaries have not in the past been very attractive places. Even these folks have some feeling and some pride and the druggist has done a better job as a rule in ministering to both. Consequently, in most communities, he "treats" at least three fifths of the gonorrhea among the poor or near-poor. Probably not more than one fifth visits the dispensary and most of these leave in disgust or something akin to it.

When you really get to know him, the dispensary gonorrheic is not such a bad sort for the education he has. He takes to kindness like a duck to water. He is sensitive about his disease, credit it or not, and appreciates privacy. He doesn't like to be hurt physically and flees from the heavy-handed. He doesn't like his name called out loudly when his turn comes. He knows whether or not the physician is interested in him and his disease and in their absence he fails to return. He wants no one to sit in judgment upon his past conduct, whether it be health worker or doctor. He'll tell the truth when properly approached and he'll lie like Ananias otherwise. He likes sympathy, for he has had little of it. He wants to be mothered and coaxed along like any other unfortunate child, and if he gets it he'll send in his friends.

• Such are the material upon which we must work and the conditions with which we must comply if we would bring him out of hiding and hold him until there is reason to believe he is cured. He is more shy than any rabbit and more skittish than any race horse. Our real problems are to get him and our present remarkable curative agents together and hold them there for a proper length of time. And the most casual survey of conditions at the dispensary level will show that there is much to correct before we have even the slightest reason to expect success.

It is down here that we find the medical profession which some of you view as being composed of rather a sensitive lot of prima donnas. You describe them as being rather difficult and you let it go at that. Doctors usually are mighty fine citizens and when they become "difficult" there must be something wrong. Perhaps one of the things that is wrong is the initial approach you in public health fields made.

Had countless things encroached upon what you view as your particular field, as they have upon the practice of medicine, I wonder if your reactions would have differed greatly from many of theirs. Just about the time the depression had run them ragged financially and temperamentally you started to talk about State medicine and a dozen other things that, to them, spelled regimentation. You made them so suspicious of you that many of them automatically became the party of the opposition and still are. They study every move you make, as you would theirs under like conditions. Many of them see in your venereal disease campaign what they call "an

entering wedge for State medicine." *It isn't, of course, unless they by their opposition get everyone mad, but you'll have to show them if you want their wholehearted cooperation, and this is one place where you must have it.* You can not go it alone. It would take thousands of public health physicians to do the job without them and you couldn't possibly get the money to pay them.

• Apparently the time has arrived for both sides to put the cards on the table and find out what is in the heart and mind of each. The battle can only be won by a complete understanding upon both sides and some honest, kindly efforts to overcome the harm that has been done. For the sake of the infected, whom both are anxious to aid, these things should be done and done quickly.

Finally, there is that highly important matter of deep interest in both gonorrhea and those who have it. With you and, to a smaller extent, with the medical profession there is very little of such interest in existence. Were this not so gonorrhea control would not have lagged so far behind that of syphilis.

How can we expect great success in the control of a disease about which there is so little general knowledge among us? And how can we gain that much needed knowledge unless we develop a keen interest in the subject? Indeed, if we are to have success we, first, must gain that knowledge of the disease that is so largely lacking. Then, we must be sufficiently interested in the disease and those who have, or may have it, to overcome those many little things that have given us such a defeatist attitude and turn our eyes toward the lower reaches of our campaign rather than toward those who give the orders. No matter how determined the General, he cannot win battles with untrained troops whose morale is at so low an ebb as now holds in this particular segment of health endeavor.

Jacksonville To Be Scene Of Southeastern Regional Meeting On Social Safety In War - After

JACKSONVILLE will be the scene of one of six regional national conferences of the American Social Hygiene Association commemorating Sixth National Social Hygiene Day and the particular problems arising out of War activities. The Jacksonville meeting will be held Wednesday, February 4 at the George Washington Hotel, beginning promptly at 10 A. M. and closing at 5 P. M. The theme is "Social Safety in War and After".

Dr. Percy S. Pelouze, Assistant Professor of Urology, University of Pennsylania, will be the speaker at the luncheon sponsored by the Jacksonville Exchange Club and open to the public, both men and women. Dr. Pelouze is known not only as an eminent physician but a brilliant and witty speaker.

Dean Walter J. Matherly, President of the Florida State-Wide Public Health Committee, will be chairman for the day. State and local sponsors are the Florida State Board of Health, Venereal Disease Control Committee of the Florida Medical Association, Florida State-Wide Public Health Committee, Health Committees of the

Duval County Council Parents and Teachers, and the Jacksonville Woman's Club.

National sponsors of conferences at Jacksonville, Boston, Cincinnati, Oklahoma City, Portland and New York City are the American Social Hygiene Association, the U. S. Public Health Service and the Division of Social Protection, Federal Security Agency. The tentative program for Jacksonville is given below.

MORNING SESSION
10 A. M. promptly to 12:30 P. M.

Presiding

Mrs. Willis M. Ball
Health Chairman
Jacksonville Woman's Club
and
Chairman State Social Hygiene Committee

Platform Guests

Chairmen County Commission and County Budget Commission
President Jacksonville City Council
City and County Health Officers
Representatives to Legislature
Chairman County School Board
County School Superintendent
Chairman City Commission
Chief of Police
State Senator
Sheriff

★ ★ ★

SONG

"America"

INVOCATION

Rev. Albert Kissling, Pastor Riverside Presbyterian Church

WELCOMES

Honorable John T. Alsop, Mayor of Jacksonville
Francis P. Fleming, Co-Chairman Duval County Defense Council
Ernest B. Milam, M.D., President Duval County Medical Society
Mrs. S. M. Copeland, Chairman Health Committee
Duval County Council Parents and Teachers
William H. Pickett, M.D., State Health Officer
and President Florida Public Health Association
Mrs. Malcolm McClellan, Vice-President State-Wide Public Health Committee

RESPONSE

Edward L. Keyes, M.D., Honorary President
American Social Hygiene Association

ADDRESSES

"Prostitution and the War"

Philip S. Broughton, Federal Security Agency, Washington

"Florida, Spearhead of the Nation"

L. C. Gonzalez, M.D., Division Venereal Control, State Board of Health

"The Private Physician Speaks"

E. T. Sellers, M.D., Chairman Venereal Disease Control Committee
Florida Medical Society

AUDIENCE DISCUSSION

Led by Mrs. John R. Parkinson, Chairman
Volusia County Public Health Committee

LUNCHEON
1 P. M.

Sponsored by Jacksonville Exchange Club

ADDRESS

Percy S. Pelouze, Assistant Professor
Department of Urology, University of Pennsylvania

AFTERNOON SESSION
2:30 P. M. to 5:00 P. M.

Presiding

T. Z. Cason, M.D., Member Executive Board
State-Wide Public Health Committee

ADDRESSES

"Jacksonville Closes Ranks"

L. J. Hanchett, M.D., Director
Jacksonville-Duval County Venereal Disease Demonstration Unit

"No Armistice for Disease"

Lt. Commander Karl King, U. S. N. R., Southeastern Naval Air Station

"Health Has Priority"

Major C. B. Woods, Camp Blanding

"Knowledge + Courage + Action = Success"

M. E. Winchester, M.D., Director Glynn-McIntosh-Camden County Health Department
Brunswick, Georgia

AUDIENCE DISCUSSION

Led by Ernest Milam, M.D.

SUMMARY OF CONFERENCE

Dean Walter J. Matherly

SONG

"God Bless America"

Song Leader: Nathan L. Mallison, Director of Recreation
City of Jacksonville

Violators Of Medicine, Pharmacy And Narcotic Laws Apprehended

Recent disposition of cases involving violations of the State Narcotic law, State medical practice and pharmacy practice laws, reported by the Bureau of Narcotics, State Board of Health include:

Herbert C. Tucker, Sarasota, has been fined $200 and sentenced to one year in jail for a second offense in violating both the State medical and pharmacy practice laws.

George C. Hurley, Jacksonville, was sentenced December 18 to serve one year in the State Penitentiary. The charge was violation of the State narcotic law.

J. W. Harper, Ponce de Leon, was recently arrested on the charge of practicing medicine without a license. John F. Harris, Vernon, Florida, was arrested on the same charge.

Over Seven Hundred Citizens Attend State-Wide Conference On Health Problems - Solutions

Meeting Generally Conceded To Be Largest Public Health Meeting In History Of State And One Of Most Beneficial Gatherings Of Any Kind Ever Held In Florida

So IMPORTANT was the State-wide Health Defense Conference at Orlando January 16-17 that the full text of the report of Dean Walter J. Matherly, President, of the sponsoring organization, is reproduced herewith. The report was made to Governor Spessard L. Holland, the Executive Board of the State-Wide Public Health Committee, sponsors; State Board of Health, State Health Officer, State Defense Council, Surgeon General Thomas Parran, Rockefeller Foundation, Commonwealth Fund and the American Public Health Association.

The report follows:

I. Significance of Conference

No sooner had the State-wide Health Defense Conference closed at Orlando a week ago than did the importance of the affair become clearly evident. I take great pleasure in reporting that it is generally conceded to be the finest public health meeting, as well as the largest, in the history of our State.

Furthermore, several high ranking State officials have personally informed me they considered the Conference to be one of the best-planned and executed State-wide gatherings of any kind it had ever been their pleasure to attend. They were particularly impressed with the manner in which the audience participated in discussions, in the total absence of formality, the enthusiasm displayed by all present, and the focusing of the spotlight in everyday local problems.

Such comment becomes increasingly significant when one considers the representative type of persons in attendance. First of all, there was the participation of hundreds of alert, intelligent citizens profoundly interested in protecting the public's health. Then there were countless state, county, and local officials; civic, school, women's, church, and fraternal leaders; State and County Defense Council representatives; men high in State and county medical, as well as public health, circles; local enforcement officers and so on. So many, in fact, and such a complete cross-section of Florida leadership that only those actually in attendance can convey adequately the true picture.

Surgeon General Parran himself, when asked his opinion of the meeting, said, "It is one of those things you cannot find words to describe. I choke up with emotion every time I think of such a demonstration of the people's interest in public health."

Public health leaders of Florida, both official and voluntary, should be profoundly humble in the face of this demonstration. The responsibility for the future which the Conference has placed upon our shoulders, and the magnitude of our obligation to the people of Florida, cannot be overestimated.

II. Attendance

The official count of delegates in attendance was 706, where a maximum attendance of 200 had been antici-

pated. Packets, badges, and all other supplies were exhausted soon after registration began. The admittedly inadequate staff of two persons — our Executive Secretary and her office secretary — were completely overcome with the enormity of the duties thrust upon them. In fact, they would not have been able to carry on even as well as they did had not emergency assistance been rendered them by the State Parent-Teacher office, the WPA and the NYA. We are most grateful for the patience of the delegates in their philosophical acceptance of the many inconveniences experienced as a result of this situation. Not one complaint was heard, and that was most considerate of everyone present. The State-Wide Public Health Committee acknowledges with deep appreciation the manifestation of this fine spirit.

The Leon County Public Health Committee won the attendance award, a $25 Defense Bond, with their representation of 28 persons. The bond was donated by members of the Executive Board of the Committee. Basis of selection of the winner was the number of delegates, multiplied by the number of miles traveled to the Conference. Orange County, of which Orlando is the County seat, did not compete. Duval was ruled out because it included 16 representatives from the State Board of Health headquarters.

Thirteen counties were not recorded on the Register, but it is possible that persons attending from these counties were unable to register.

III. Conclusion of Conference Discussions

Reviewing the concensus of Conference delegates on various subjects effecting public health in Florida, the following decisions stand out as important!

1. Agreement that public health services can be most effectively and efficiently administered in Florida by consolidation of city and county health activities under one central organization, the County Health Unit. A resolution was passed by the Executive Board praising Dade County citizens and officials for their recent program of consolidation, as recommended in a study by the U. S. Public Health Service.

2. Adequate protection of the public's health will not be achieved in Florida until all Counties have County Health Units. At present there are only 32. Unless the 1943 Legislature appropriates additional funds for State aid to counties desiring Health Units, the State Board of Health says no new Units can be organized.

3. The County Commission is primarily responsible for providing local funds to match State and Federal allocations for County Health Units. Nevertheless, it was the opinion of officials present, including competent legal authorities, that the County School Board has a legal right to contribute to the County Health Unit budget because of services rendered by the Unit in the School Health Program.

4. Unanimous approval was voiced of the Merit System now being invoked for employees of the State Board of Health and County Health Units.

5. Quarantine is an extremely important factor in combating spread of syphilis and gonorrhea, but the law must be invoked locally. The extent to which the State can inject itself into local law enforcement is limited.

6. The Conference deplored the practice of persons knowingly renting premises to prostitutes, and urged that steps be taken to stop such practice. Segregated districts were also condemned as spreaders of venereal diseases.

7. It was agreed by both officials and voluntary workers that the County Public Health Committee, with the assistance of technically trained personnel of the State Board of Health,

is the focal organization for the development of local interest in the establishment of County Health Units, and in the promulgation of public interest in, and support of, Units after their establishment.

8. It was understood that routine public health activities normally under the official jurisdiction of the State Board of Health would be expanded to fulfill wartime obligations of this organization; that recommendations would be made to the State Board of Health from time to time by the Health and Housing Division, State Defense Council, which organization would also be responsible for developing medical and surgical activities to meet Wartime requirements of the State.

IV. Recommendations of Dr. Parran

A copy of Dr. Parran's address, "The Ramparts of Health", will be published in FLORIDA HEALTH NOTES. Among the Surgeon General's more important recommendations were:

1. Close collaboration between the Nutrition Committee of the State Defense Council and the State-Wide Public Health Committee. (Note: The State-Wide Public Health Committee initiated such a movement several months ago. Formal approval of a detailed plan of coordination was given at the Executive Board meeting in Orlando last week.)

2. Greater effort to combat commercialized prostitution, "one of our most expanded war industries."

3. Strenuous enforcement of the May Act, making prostitution a Federal offense in military areas. The Surgeon General said he had been authorized to report a united front in this regard by Secretary of War Stimson, Secretary of the Navy Knox, and Director of Federal Security Agency, Paul V. McNutt.

4. Rehabilitation of men rejected for military service because of remedial defects.

5. Sharing of homes by civilians in defense industry areas, to eliminate health hazards from inadequate housing facilities.

6. Utmost precaution against sabotage of water plants by bacteriological contamination, which can be as "deadly as mustard gas or explosives." (Note: The State Board of Health recently announced such precautions are being taken.)

7. Tuberculosis clinics, case-finding service and sanataria are not a plus-gesture to be discarded as a peace-time luxury. Here it is important to expand base lines of defense.

V. Election

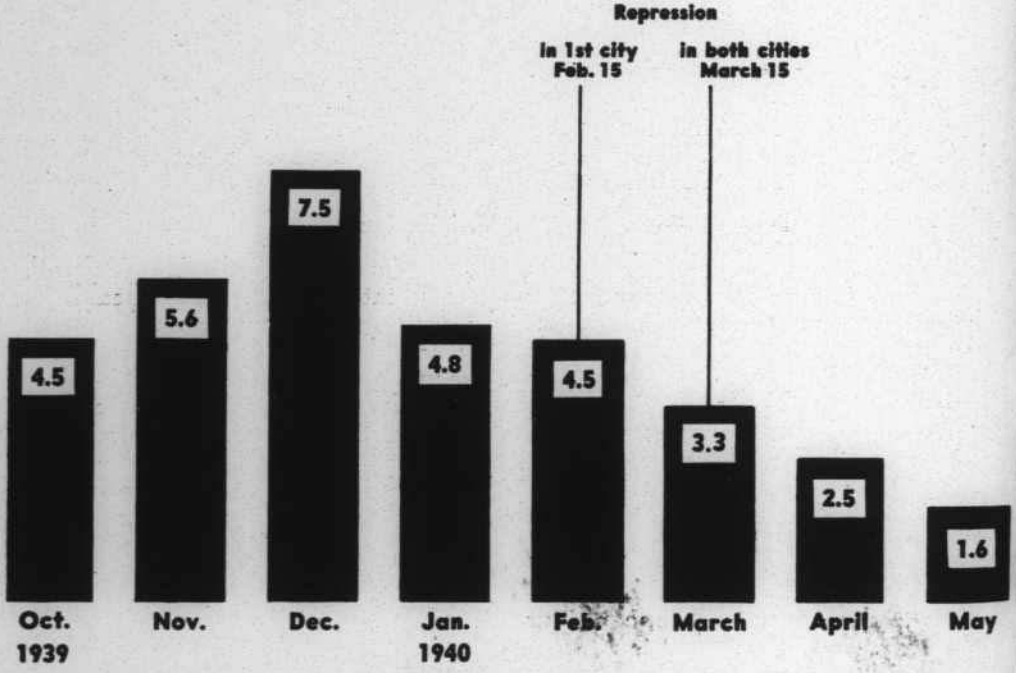
1. Mrs. Spessard L. Holland, whose interest in public health is known to all, was unanimously elected the only honorary life member of the Executive Board of the State-Wide Public Health Committee. The First Lady graciously accepted in person at the Board meeting, and further testified to the seriousness with which she regards her new obligation by attending all sessions of the Conference.

2. Present officers of the State-Wide Public Health Committee were re-elected for another year. They are: Walter J. Matherly, Gainesville, President; Mrs. Malcolm McClellan, Jacksonville, Vice-President; Miss Jean Henderson, Jacksonville, Executive Secretary.

(Signed) WALTER J. MATHERLY.

FEWER CONTACTS—
FEWER INFECTIONS

New venereal infections at an Army Fort near two Southern cities dropped sharply when community law enforcement repressed commercialized prostitution



Figures given are admission rates for all venereal diseases per 1,000 strength.

This tabulation is a good example of the way in which repression of prostitution influences the reduction of venereal diseases. Long experience has shown, however, that other factors active at the same time, such as long furloughs, cancellation of leaves, or population shifts, occasionally cause venereal disease rates to increase or decrease disproportionately while law enforcement measures are being introduced.

Figures from U. S. War Department

American Social Hygiene Association

HEALTH NOTES

FLORIDA

PARRAN CHALLENGES FLORIDIANS

"Each one of us is duty-bound to do his full part to insure the two great American imperatives: a victorious armed force and a population producing and enduring to the maximum."

"The strength and ability of every man and woman must be conserved and developed as carefully as supplies of aluminum or rubber."

"Among the things we must manage well if we are to be victorious are services to improve the present health and strength of the population. Fairly good is not good enough now when we are short of manpower and short of time."

—From "The Ramparts of Health", speech delivered at meeting of State-Wide Public Health Committee, Orlando, January 16, 1942. Complete text appears in this issue of Florida Health Notes.

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FLORIDA STATE BOARD OF HEALTH

Jacksonville

Volume 34 **March, 1942** **Number 3**

Florida Public Health Committee Faced With Great Responsibility And Opportunity, Says Dr. Parran*

Many States Watching Results of Cooperative Effort of Florida Citizens . . Imperative That Suppression Of Prostitution Be Continuous And Consistent If Venereal Disease Rates Are To Be Reduced.

UNDER our Constitution responsibility for public health was reserved to the States as a part of the police power. You, the citizens, the doctors and the health officials of Florida, therefore, have a large share of responsibility for the health of the people of this great State. It is my task to study and interpret the total health problems of the nation; to advise and aid you in their solution.

It was an epochal task which our President outlined to the Nation on January 6. He stressed equally the need for all-out military action and vastly increased production if our enemies are to be defeated.

Victory will depend not only upon the valor of our sea, land and air fighters, the competence of their commanders, and the excellence of strategy, but also upon the Nation's capacity to work and to sacrifice if we are to supply the tremendous total of war instruments they need. The efficiency of our production in turn, depends upon the spirit, unity and strength of our population in the long, hard, grim tasks which confront us.

Under these circumstances, each one of us is duty-bound to reappraise his effort to make sure he is doing his full part to insure the two great American imperatives: a victorious armed force and a population producing and enduring to the maximum. *The ways in which each individual can contribute are many.* Full contribution on your part—you who represent a cross section of citizen leadership in America—can make an incalculable difference in the result. In fact, it may make the difference of which Mr. Churchill spoke in his much-quoted reply to the question, "How long will the war last?" He answered, you remember, that if we managed well, it would last only half as long as if we managed badly.

Among the things we must manage well if we are to be victorious are services to improve the present health and strength of the population. Fairly good is not good enough now when we are short of manpower and short of time. We can afford to waste neither. Yet it is estimated that if we were to reduce only by 10 per cent this year, and this can be done easily, the man-hours lost last year through the sickness of workers in industry, we should have extra labor available to build five battleships or 16,047 combat tanks. With industry on a three-shift a day basis, these totals are multiplied. Florida is an agricultural, not an industrial State. We shall need more food as well as munitions. We need only put into practice

*Address given by Surgeon General Thomas Parran at the State-Wide Public Health Committee meeting in Orlando, Florida, January 16, 1942.

everywhere what we do well in a few areas to conserve the health of workers everywhere and of their families.

Tuberculosis Rates Rise

In England as well as in the continental cities, the pressure of longer hours, overcrowding in the home, the scarcity of essential foods and the rise in their cost, as well as other factors involved in the speeding up of the industrial process, conduces to a rise in the tuberculosis rate. Here it is most important that you expand your base lines of defense. Your tuberculosis clinics and case-finding service and sanatoria are not a plus-gesture to be discarded as a peace-time luxury. *Human materials, viz., the strength and ability of every man and woman, must be conserved and developed as carefully as supplies of aluminum or rubber.*

Share Your Home

Some defense housing has been well and promptly executed. But the total authorized has not been up to the need of last year must less that of 1942. Yet there is a definite health hazard in poor housing of workers who must maintain top efficiency. For the many areas into which multitudes of new workers will be pouring month by month, it would be my personal recommendation that you do not put all your reliance on new housing. Under the best of conditions it will take a year or more to complete it. *The need is NOW. Part of the need can be met now, if every citizen living in a decent, comfortable home, shares his quarters at least to the degree of accommodating one person for each major room of his house or apartment.* If the matter is put up to us as a war duty, few will shirk it. This sharing up of living space will save the public money as well as prevent the sickness inevitable if we wait for new construction — to say nothing of the diversion of materials and labor needed on the production line.

Basic morale flows from faith in what we are fighting for, plus the confidence that we are fit to fight, each of us in his own sector. Adequate housing is important. Maintenance of family health is important. *A man is as good as the household from which he goes to work each morning.* The morale of the German army broke in 1918 when soldiers

EIGHT-POINT PROGRAM AGAINST PROSTITUTION

1—Primary responsibility for enforcing laws against prostitution continues to rest in hands of local authorities.

2—Vigorous suppression of commercialized prostitution by all Governmental officers, as agreed upon by Secretaries of War and Navy.

3—Local authorities will be given opportunity to effect adequate control measures before May Act is invoked.

4—Assignment of medical officers trained in venertal disease control to corps areas, naval districts and troop concentrations.

5—Inclusion in Army and Navy education programs of reasons for program of prostitution repression.

6—Prophylactic stations accessible for use of Army and Navy personnel.

7—Establishment of institutes on effective police methods in handling prostitution for benefit of local law enforcement officers, provost marshals, shore patrol officers.

8—Establishment of Interdepartmental Committee, representing Army, Navy and Federal Security Agency to review questions of general policy and specific situations.

began to hear of the malnutrition and sickness and suffering of those at home. I am not advocating that we should keep all the minute refinements of some health programs but *our basic health services cannot be abandoned in the sophomoric idea of saving tax money, any more than we can abandon the rail lines hauling food rather than guns.*

Federal Allocations

During the past six years, much progress has been made in Florida and in other states as a result of joint Federal-State cooperation in public health matters. In allotting Federal monies to the states, the per capita amounts have varied depending *not only upon the population but upon capita income and special public health needs.* Governor Holland and I have had some correspondence concerning the fact that the per capita amount allotted to Florida is lower than that of neighboring Southern States. This is because Florida has a much higher per capita income. If the funds were allotted strictly on a capitation basis, Florida's share would be considerably less than it is, while New York, Massachusetts, Pennsylvania, would receive much more than at present. *This system of allotment was agreed upon by the State Health Officers in conference in Washington.* Your own State Health Officer protested the fact that Florida did not get more but was overruled. *Because of the importance of this State, however, in the war situation, we have assigned a considerable number of health officers, nurses and engineers to aid in the defense areas. More in fact than to other comparable states.*

Although as you and I know, there is much to be done in this State before any of us can be satisfied with the situation, I should like to say publicly that from the point of view of the Public Health Service, the health work of Florida has not at any previous time been better administered than at present. Among other handicaps to health progress in Florida has been the traditional policy of the State in changing the administration of its State Health affairs. For many years, at the State Health Officers' Conference in Washington, we expected to see a new face from Texas and from Florida with every new Governor.

Florida Committee Challenged

A very great responsibility as well as a great opportunity rests upon the State-Wide Public Health Committee to advance public health in Florida on all fronts. Many other States are watching the result of this cooperative effort in which leading citizens are taking such a prominent part.

Fortunately, blueprints as to health needs in Florida have been drawn as a result of the authoritative survey made by the American Public Health Association. *To reach the important goals is even more important in wartime than when the survey was made.*

The basic morale of faith plus fitness means far more, in the long haul ahead of us, than emotional appeal from the most expert propaganda bureau. In this war, the bond is much closer than in all history between the civilian and the armed forces of the nation. They are as the left and right hands of the same strong American purpose. The Army itself is a citizen army. Our sons are in it. This time we are holding nothing back. There are no swivel chairs in Washington for the sons of wealth and position. The armed forces need all of them: they are going, without discrimination.

Service Rejections Preventable

Yet to the doctor familiar with public health problems, it is sad to realize that of the first two million men examined, approximately half a million were disqualified for any type of military duty and another half million were eligible

for only limited types of service. Many of them would be available now for the armed services if we had dug in a little deeper during the years of peace to prevent venereal and other communicable diseases, to correct malnutrition from our abundance of food supply; if we had extended medical care to those who needed it, and had applied to a full three-thirds of the population the broad principles of sanitation and preventive medicine. *The cost of doing it actually would have been less, city by city, than the cost of rehabilitation with which we are faced at this crucial time.*

Rehabilitation Imperative

But that is water over the dam. There is no time now to grieve over wasted opportunities if we waste no more of them. Starting from here, *rehabilitation* to the fullest extent possible of the more than a third of the total of *volunteers and selectees rejected because of physical defects, is an imperative first step.* It has been begun, in a small way, for the borderline cases. To do the whole job possibly will require a generous measure of local cooperation. You, the representative citizens, the doctors, the health officers and nurses will need to take a personal interest in getting the job done.

Prevent Repetition

But we must go further than trying to patch up young men who have been turned down by the draft. *We must make sure that similar defects are not allowed to accumulate in the generation now growing up,* that every citizen develops a maximum of strength and vigor and that every ounce of our total effort is put to the nation's use. This means more than medical and dental care. It means better nutrition through which we can add tremendously to individual health. It means the creation of a national psychology in which fitness and courage of the individual are a part of patriotism. We have a great opportunity through working with the high school groups, a coordinated program in which schools, health departments, interested citizens, the medical profession, all join in promoting the positive physical health and stamina of the generation now growing up.

Atheletics Over-Emphasized

We have put too much emphasis on the winning football team and too little upon developing the full health of all boys and girls. In fact this is symptomatic of the American grandstand psychology of watching the other fellow do the job. *We are in a fight for survival as a Nation.* We must not delude ourselves that Mr. Stalin's fighting Russians will win this war for us while we cheer them from the side-lines.

Joint Nutrition Program Advocated

I have been gratified to learn of the progress being made by your State Nutrition Committee. I hope that it will work closely with the State-Wide Public Health Committee in improving the nutrition of your people. To be strong enough for this fight in which we are engaged, every person must have the proper kinds and amounts of food, must develop their physical capacities to the utmost, and must have community health protection to stamp out the preventable diseases. It has been hammered into us that this is an all-out war, not only for the best and

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the most war machines but also for the best and the most men to operate them.

Venereal Diseases Among Youth

The venereal diseases are important in peace-time; they are of prime importance in wartime. Among the first million men examined under Selective Service, 57,000 were ruled out because of a venereal disease. Yet according to last reports not more than half of them have been brought under treatment in their home communities. *Remember, these are young men. Many of them have syphilis in an early, infectious form. There they are, thousands and thousands of incendiaries smouldering away in the population.* There will be a huge bill to pay in money and misery when the conflagrations they have started come to the surface in the form of advanced, disabling disease of the arteries, brain and bone or other vital organs.

Many of the young men rejected for military duty did not seek treatment in their home towns because good clinics were not available where they could get good medical treatment at convenient hours and in accessible locations. Many of them went untreated and uncured to get their Service examinations for the same reason. As I have examined the results of the draft examinations, I have been impressed by the close correlation between good control service for the venereal diseases in certain localities and the low proportion of those diseases as they appeared in the draft rejections.

Florida Record

The record for Florida is not an enviable one. *The total syphilis rate in Florida is 3.8 times that of the United States as a whole.* Of great concern to all of us should be the fact that in the Selective Service record for Florida, of every thousand white men examined, 46.8 were found to be suffering from syphilis. Compare this figure with Wisconsin, 5.1, Massachutts, 5.5, Connecticut, 6.5, and with the average white rate for the country of 18.5 per thousand.

Treatment is important for the venereal diseases. Prevention is also of the highest importance unless we are so stupid as to pour out public money in a never-ending effort to bail out the boat instead of attempting to caulk up the seams.

According to a mass of factual evidence, the greatest source of venereal disease infection in this war mobilization is the professional prostitute. In spite of the fact that almost every State has laws to control commercialized prostitution, and similar municipal ordinances are on the books of most good-sized cities, relatively few try to enforce those laws fully or to tie them in with an aggressive public health policy of treatment, tracing of infection, and quarantine of recalcitrants.

Approaches Admittedly Imperfect

Both the Federal, State and city approach to this situation have been imperfect. Certainly, I accept some blame for the Public Health Service. When we started in 1936 on a national movement to control the venereal diseases, we emphasized the Scandinavian method of control through which we hoped, by a process of education and making good treatment readily available to all persons needing it, to make the spirochete which causes syphilis so scarce in the population that regardless of with whom an individual might consort the chances of infection would be negligible. Gonorrhea control was only a distant hope at that time. Not until the sulfonamid drugs, and especially sulfathiazole, were thoroughly tested and their efficiency proven, has it become possible to check the spread

of gonorrhea throughout large masses of the population.

Since the passage of the National Venereal Disease Control Act in 1938, long steps have been taken in the direction of making better treatment available in every one of the 48 States and in a large proportion of cities. The money got down into the diggings. There was scientific evidence that the disease was beginning to recede wherever control programs had been carried vigorously and consistently forward.

Indifference or Ignorance?

Then came the shadow of war. In boom towns, defense industries turned villages into cities overnight. Troops were concentrated in regions where *prostitution was tolerated by custom and where municipal authorities permitted the medical examination and licensing of prostitutes, unaware or indifferent to the fact that more than 25 years ago, this method had been outlawed by scientific authority as a means of preventing infection.* Organized by vicious and powerful interests, the women followed the men and the money. Commercialized prostitution became one of our most expanded war industries. The incidence of venereal disease began again to rise. According to data collected in many widely separated parts of the country, it seemed a reasonable estimate that commercial prostitution had become responsible for at least 75 per cent of all new venereal disease infections.

It was at this point that the Public Health Service began hammering on the necessity of the law enforcement agencies and public health departments working together on this problem. Memphis did pioneer work on this approach, beginning in 1939. Cities and counties in Wisconsin cooperated with State and Federal agencies to do a notable job during the maneuvers of 1940 during which, according to a letter from the Chief Corps Area Surgeon, *infections were contracted at a rate only one one-hundredth of those acquired during a comparable concentration of troops in a southern area.*

(To be concluded in April Issue)

Your Patriotic Duty

Immunize Yourself and Family Against . . .

TYPHOID

SMALLPOX

DIPHTHERIA

WHOOPING COUGH

APPROVED PROCEDURE—

TYPHOID FEVER—An initial series of three doses of typhoid vaccine at one-week intervals. Thereafter one dose at yearly intervals to maintain immunity.

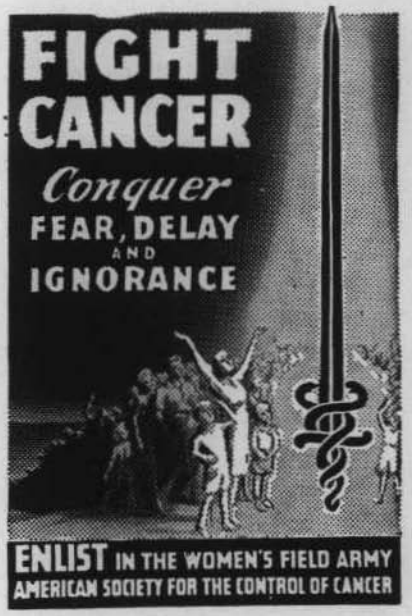
SMALLPOX—Vaccination is the only protection against this disease. There is no such thing as natural or inherited immunity. The child should be vaccinated at or before one year of age, with a second vaccination just before entering school for the first time. This should protect the child for life.

DIPHTHERIA—Since the greatest toll of life from this disease occurs in very young children, it is advised that one dose of diphtheria toxoid be administered at nine months of age, and a second three months later. However, if an older child has not been immunized he should be given the Schick test immediately and if no natural immunity has been developed, toxoid should be administered.

WHOOPING COUGH—It is now generally agreed among medical men that whooping cough vaccine is of definite value in preventing this disease or at least in minimizing its serious effects. Immunization should be given at three months of age, three doses of vaccine at intervals of three weeks. Immunity does not develop to protective level for several weeks after the last dose is administered. The duration of immunity is not known but is believed to be about two years. Therefore, immunization should be repeated at least every two years until the child is seven or eight years old.

HEALTH NOTES

FLORIDA



"Cancer is the Fifth Columnist of disease. Its treachery lies in the fact that its beginning symptoms are so mild they frequently are mistaken for other ailments or as a temporary inconvenience of no importance."

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CONTENTS

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Enforcement of Laws Against Prostitution Responsibility of Police and Legal Departments*

THOMAS PARRAN, M. D.

Surgeon General, U. S. Public Health Service

Surgeon General Declares "Enforcement of Prostitution Laws Is Not a Health Officer's Job" . . . Challenging Speech Made To Floridians At Orlando Health Defense Conference

PART II

It must be made clear that enforcement of laws against prostitution is not a health officer's job. It belongs to your police and legal departments. But the several branches of government must do teamwork, continuously, consistently, and effectively.

It does not lower the disease rate in the State of Florida to close up the brothels in Pensacola, if Jacksonville or Miami run wide open. It does no good to make sporadic raids, padlock a few houses of prostitution, and gradually let the situation get back to vice as usual.

The job requires teamwork between city, county and Federal governments. The Federal agencies until recently have been content to coax and urge and cajole and persuade the municipal governments to take local action. *In the cities, there have been many who said or implied that if the prostitution situation actually endangered the nation's health and welfare in wartime, Washington could handle it*—especially since Congress passed the May Act more than six months' ago, making it a Federal offense to engage in prostitution, to solicit for purposes of prostitution or to rent houses for this purpose "within such reasonable distance of any military or naval camp, station (etc.)—as the Secretaries of war or Navy shall determine to be needful to the efficiency, health and welfare of the Army and/or Navy. . ."

Due in large measure to the interest and efforts of Federal Security Administrator Paul V. McNutt, with the cooperation of the Secretaries of War and Navy, a clear Federal policy is in process of being formulated.

National Agreement on Prostitution

The Federal Security Administrator authorizes me to say that complete agreement has been reached between him and the Secretary of War and the Secretary of Navy regarding an accentuation of measures which are to be taken to deal with law enforcement against commercialized prostitution; the intensification of measures of venereal disease control; the quarantine of infected prostitutes, and their social rehabilitation. This policy involves joint Federal, State and local action as follows:

1. Primary responsibility for enforcing laws against prostitution will continue to rest in the hands of local authorities. The Secretary of War or the Secretary of the Navy, as the case may be, and the Federal Security Administrator are sending strong letters to the mayors of a selected group of cities where more aggressive action for the local control of prostitution seems to be indicated.

2. The Secretary of war and the Secretary of the Navy are in the process of preparing directives for dis-

* This is Part II of the address, "Ramparts of Health", delivered by Surgeon General Thomas Parran at the State-Wide Public Health Committee Meeting in Orlando, Florida, January 16, 1942. Part I appeared in the March issue of FLORIDA HEALTH NOTES.

tribution to all commanders, to impress them with the determination of all Federal governmental officers concerned to carry out the heretofore-agreed-upon policy regarding the vigorous suppression of commercialized prostitution.

3. In connection with the May Act, it is agreed that there should be no general invocation of this authority in *all* areas (around military and naval establishments). It is understood, however, that after a reasonable opportunity has been given to local authorities on the united request of all Federal agencies, including the Army, Navy, and Federal Security Agency, to provide adequate law enforcement and repression without securing appropriate results, the May Act shall be invoked promptly.

4. A group of medical officers of the Army and Navy trained in venereal disease control is being assigned to the corps areas, naval districts, and troop concentrations.

5. Included in the Army and Navy educational programs are adequate provisions presenting the reasons for the program of prostitution repression.

6. Prophylactic stations have been or will be established in accessible locations for the use of Army and Navy personnel.

7. The Federal Security Administrator is cooperating with the International Association of Chiefs of Police in an effort to establish an Institute for the training of local law enforcement officers and provost marshals, shore patrol officers, and other personnel who would profit by special training in effective police methods in connection with the handling of prostitution.

8. There has been established an Interdepartmental Committee, representing the Army, Navy and Federal Security Agency, reporting directly to the heads of their respective departments, to review questions of general policy and specific venereal disease situations needing attention, which Committee will have as advisers, representatives of the Department of Justice and recognized private agencies.

In addition, the Secretary of War and Secretary of the Navy and the Federal Security Administrator, personally will meet from time to time to deal with the major aspects of this problem and to check on the results being secured under the eight-point program listed above.

Aid In Military-Naval Areas

The Public Health Service will continue to work with the city boards of health through the respective state health departments *in giving financial aid and technical assistance in more effective venereal disease control measures, particularly in those cities adjacent to military and naval concentrations.* Additional funds under the Venereal Disease Control Act have been requested for this purpose.

The Division of Social Protection, reporting directly to the Administrator of the Federal Security Agency, will continue through its field staff to give assistance to municipal law enforcement agencies in the suppression of commercialized prostitution.

"Regulation" Does Not Regulate

From the citizen's point of view, regulation of the prostitute is objectionable because it fails. *The commercialized prostitute spreads more infection in a day of business as usual in a boom town than can be cleaned up by thousands of dollars and months of medical and health effort.* No system ever has been worked out that will be obeyed, either by those who profit by prostitution or by the women themselves. *And finally, every scientific authority agrees that the most skillful physician can not say with certainty from any known method of routine inspection that any given prostitute is non-infectious or that she will remain so for one hour while actively engaged in her calling.*

Nothing short of a total program against the venereal diseases will get

results in this total war. This program includes: (a) the active repression of prostitution and the graft on which it thrives; (b) the enforcement of quarantine laws; (c) the provision of good treatment facilities to mop up existing disease; (d) active case-finding services to trace down the origin of each new infection as accurately as a case of typhoid is traced to its source; (e) and the education of every citizen that a venereal infection is dangerous to his own health and subtracts from the war effort.

Venereal Diseases Can Lose the War

To win this war every citizen must do his part. To win the war against the venereal diseases, which are the greatest destroyers of military and industrial health and efficiency, requires that every mayor, every chief of police, every state and local health officer, with the aid and cooperation of the Federal agencies as described, must do his part. *Venereal diseases in the armed forces are acquired from the civil communities, frequently at great distances from the camp.* They continue to be the major cause of military non-effectiveness, in spite of the fact that this citizen army for the first time in history was recruited from men found free from venereal disease by clinical and serological examinations. *Too many venereal infections now are being acquired by this new army—which was free of disease at the outset.*

The military authorities alone can not do the job of keeping the men free from disease and fit to fight; nor can the local authorities get results alone in a given city. This is a job which all of us must do together. Like many other health tasks, it is a job we know how to do. These measurable health tasks must be done. Unless we have the capacity to work successfully together on this small sector of our total war effort, what hope have we for victory on the ultimate *global* issues confronting the nation?

Endemic Typhus Fever, Type Found In Florida, Caused By Rat And Rat Fleas

BY

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and
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Typhus fever occurs in two forms, epidemic typhus and endemic typhus. As the term indicates, epidemic typhus attacks a large number of persons in a given population within a relatively short time. Endemic typhus, on the other hand, occurs as a sporadic infection attacking only an occasional person in the population and does not occur in epidemic proportions except under unusual circumstances which will be discussed later.

Epidemic typhus is transmitted to man through the bite of the human body louse, while endemic typhus is transmitted to man through the bite of the rat flea. As a rule, epidemic typhus is a severe infection with a high death-rate, while endemic typhus is usually a mild infection with a low death-rate.

In recorded history all of the great epidemics of louse-borne (epidemic) typhus have been associated with war, famine, civil revolution, or human oppression. The disease is closely associated with human misery and wherever the standard of living has been materially lowered, this form of typhus has invariably made its appearance.

Endemic typhus fever, which concerns us here in the Southern United States, and which bears no relation to lice or lousiness, has been known to exist in this section of the country since 1913, when the first group of

cases was recognized in Atlanta, Georgia. Since this time the infection has been found rather widely distributed throughout the Southern United States, from North Carolina and Tennessee on the North to the Gulf of Mexico on the South, with the greatest number of cases reported in Georgia, Alabama, and Texas. Endemic typhus has been recognized in Florida for a number of years, just how long it is difficult to determine. The records of the State Board of Health indicate that the first case of typhus was reported in Florida in 1924 with four cases reported for that year. Cases have been reported in all subsequent years.

Below is a tabulation of cases reported by years since 1930:

1930—39	1934— 36	1938— 75
1931—31	1935— 27	1939—152
1932—42	1936— 55	1940—111
1933—54	1937—107	1941—196

Endemic typhus fever is primarily a disease of rats and secondarily of man. The diesase is transmitted to man through the bite of infected rat fleas and never becomes epidemic in the true sense of the word. However, under conditions of heavy rat infestation of the community with a concurrent infection of rat fleas with rat typhus, localized outbreaks of human endemic typhus do occur. Rats serve as a great reservoir of typhus infection in nature from which rat fleas become infected by feeding on the infected rats. These infected rat fleas then pass the infection on to man when they feed on man. The rat flea prefers to feed on the rat, the normal host, but when the flea gets hungry and the rat is not available for his "fill", then the flea assuages its hunger by feeding on man.

The germs of typhus fever grow and multiply in the walls of the intestines of the infected flea. These germs are discharged into the lumen (hollow) of the flea's intestine and thus pass out of the flea's body with the bowel discharges (feces). When the rat flea feeds on man the insect invariably defecates (his bowels move), hence, the flea's discharges containing the germs of typhus fever are deposited directly on the skin of man. The bite inflicted by the flea causes an irritation and itching of the skin, and hence, during the process of scratching to allay this itching, the germs become rubbed into the skin and man thus becomes infected with the germs of typhus fever.

During the past few years considerable research has been carried on in connection with the development of a vaccine to be used in immunizing persons against typhus fever. Recently a vaccine has been developed which has been found to be quite effective in protecting laboratory animals against epidemic typhus infection. This vaccine is still in the experimental stage and it is not known just how effective it will prove to be in preventing typhus in humans under natural conditions.

Public health authorities recommend that this vaccine be given to military personnel, doctors, nurses, and others likely to become exposed to epidemic typhus fever. Public health authorities, however, do not recommend that this vaccine be used as a means of controlling endemic typhus fever. The most successful way to control endemic typhus is to control the rat.

The methods of typhus control, or rat control, recommended by health authorities are, rat-proofing, vent stoppage, garbage control, and clean up. In addition to these measures, there are various supplementary rat suppression measures which will be mentioned later.

Rat-proofing of buildings is a permanent rat control measure which can be effectively applied to individual buildings. Primarily it consists of preventing rats from getting into the building by the use of brick, stone or concrete foundation walls. Such structural specifications as these should be considered in preliminary planning

and must be included in the original building plans. Buildings constructed without rat-proof foundation walls should be elevated 18 inches or more, and kept open on all sides and free from accumulations underneath, and in addition, should be equipped with metal rat guards at the tops of the supporting columns. Structural requirements for the rat-proofing of buildings can be best handled by the adoption and enforcement of a building code.

Vent stoppage, as the name implies, consists of the closing of openings in the outside walls of buildings to keep rats out of the buildings, or the shielding of such openings by strong coarse meshed screen wire, which acts as a barrier to the rat. Basically, vent stoppage is a part of rat-proofing but in order to be made effective it must be applied to all adjoining buildings in a given area.

Garbage control and clean up are important methods of rat control, and to produce maximum results must be carried on continuously and upon a community-wide basis. Rats require both food and shelter and these pests cannot persist where either of these elements is lacking. Food shortage limits the number of rats that premises will maintain, and at the same time reduces the breeding of rats.

One of the surest ways to permanent rat riddance is the removal of favorable rat harbors, since rats will not remain where safe and comfortable shelter is not available. Some of the common rat harbors found on premises are dead spaces within double walls and beneath floors, shelters provided by stored food and produce, lumber piles, and accumulations of trash and refuse. Proper disposal of both refuse and garbage is essential in reducing the general rat infestation of the community to a minimum and maintaining it there.

One of the best ways to abolish the rats' food supply is to store foodstuffs in rat-proof buildings, rooms, or containers and to dispose of waste and garbage in tightly covered receptacles. It is important that housewives see that all garbage is put into the garbage receptacle and not on the ground around the receptacle. Improper disposal of garbage by spilling it on the ground around the receptacle, or by not keeping the cover on the receptacle tightly and securely, so as to render the receptacle rat-proof, is one of the surest ways to attract rats.

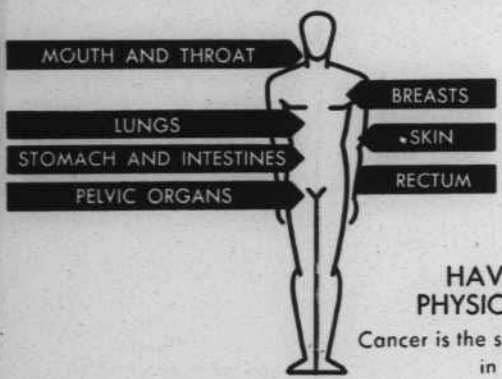
In addition to the methods of rat control outlined above there are many supplementary rat suppression measures which are of value in keeping the rat under control. Rats may be destroyed by trapping, fumigation and baiting with poisonous bait; also by natural enemies such as certain breeds of dogs and cats, ferrets, weasels, minks, foxes, mongoose, and certain birds of prey.

In conclusion it should be pointed out that our present knowledge concerning the transmission of endemic typhus indicates quite definitely that the infection is not transmitted by dog fleas, cat fleas, or chicken fleas (chiggers), hence, it is not necessary to destroy cats, dogs, and chickens, in order to control the infection. Recent information reaching the State Board of Health indicates that citizens in some of the communities in the state have been unduly alarmed concerning the possibility of the transmission of endemic typhus through the agency of the bedbug. In this connection it can be stated with complete certainty that there is no evidence that the bedbug transmits endemic typhus fever, or any other disease, for that matter.

We feel that it should be emphasized again and again that endemic typhus is primarily a rodent infection (principally the rat) and the only way man becomes infected is through the bite of an infected rodent flea, principally the rat flea.

CHECK THE DANGER POINTS OF CANCER!

Where Cancer Occurs Most Often



HAVE AN ANNUAL PHYSICAL EXAMINATION

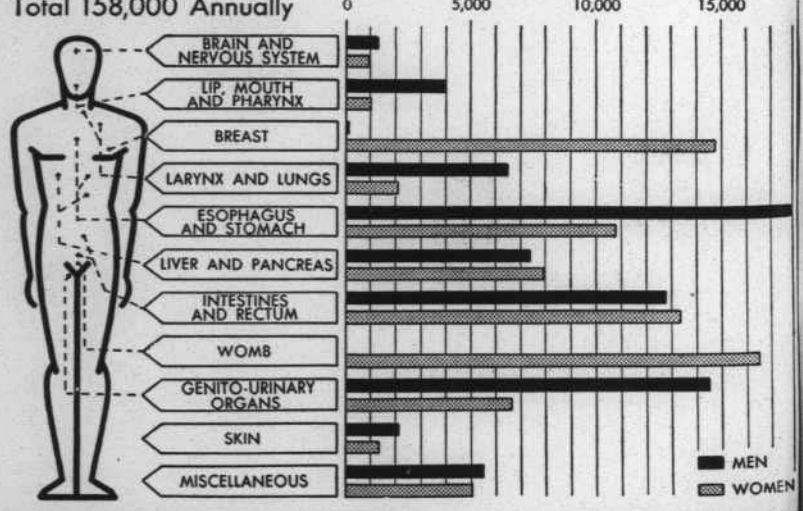
Cancer is the second highest cause of death in the United States

Pain is a late symptom—do not wait for it!

AMERICAN SOCIETY FOR THE CONTROL OF CANCER, INC. PICTOGRAPH CORPORATION

CANCER DEATHS BY SITE AND SEX

Total 158,000 Annually



AMERICAN SOCIETY FOR THE CONTROL OF CANCER, INC. PICTOGRAPH CORPORATION

FLORIDA HEALTH NOTES

" . . . I call upon the people in each of our communities to contribute to the conservation of child health . . . by exerting every effort to the end that before May Day, Child Health Day, children over nine months of age be immunized against diphtheria and smallpox, the two diseases for which we have the surest means of prevention."

FRANKLIN D. ROOSEVELT

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FLORIDA HEALTH NOTES

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Hon. Spessard L. Holland
Governor of Florida

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"Be Wise – Immunize" –Florida's Answer

Immunization of all children against diphtheria and smallpox is a continuous, routine part of the program in all of Florida's full-time county health units. Special efforts to reach the preschool children, nine months to six years of age, and older children are made. Two methods of accomplishing immunization of the child population are used by Florida's county health units. The first is an educational program carried out through the local newspapers, the radio, moving pictures, talks, pamphlets, civic groups and schools. This educational program stresses the importance of immunization and urges that all parents take their children to their private physician for this service. The health unit works with the local medical society in this educational effort.

The second method used by county health units is designed to reach that portion of the population which has not the financial means to have the immunization done by a private physician. These parents are urged to bring their children to the county health unit clinics. In this manner large numbers of young children are reached through the county health unit's well-baby and preschool clinics, and also through the prenatal clinics. In every Florida county where a full-time health unit has been in operation for as much as one year, a considerable part of the child population has been immunized.

Early in April the Office of Civilian Defense declared the protection of the entire civilian population against diphtheria and smallpox—and where needed, against typhoid—to be of prime military importance. President Roosevelt issued a Proclamation calling upon all persons to have this done immediately and set May 1, 1942, as a goal toward which to work for a 100% immunized population. The Florida State Board of Health in executive session endorsed this immunization program and called upon all county health units to take part in an extensive campaign. Governor Holland likewise issued a Proclamation urging Florida citizens to consider such immunization their personal and patriotic duty.

News of the intensified campaign has been carried in the press of Florida, over Florida radio stations, and through other educational means.

The county health units of Florida have done yeoman service in response to the request for intensified immunization. The following reports are included in order to show the progress to date and to make clear that the immunization program will continue. In every instance the program has been carried on according to plans jointly made with the local medical society.

Hillsborough County

"The Hillsborough County Health Department has always carried on a continuous immunization service in each of its eight Health Centers throughout the county, but after war was declared, particular emphasis was placed on the importance of being immunized against typhoid fever and smallpox. Immediately, a planned schedule was made which included this work in all of the county schools. These plans also included the continuing of this immunization program by urging others to come to the central office any afternoon or Saturday morning.

"Both the director and nurses stressed the importance of immunization in the educational program carried on in the parent-teacher associations and district health auxiliaries. The response for typhoid fever, smallpox and diphtheria immunizations throughout the schools has been very gratifying."

Duval County

"Over 1,000 children have been protected against diphtheria and smallpox during the past month. Many of them were new arrivals in the county, where the poplation has taken a sudden spurt as a result of defense industry . . . Preschool children are being reached through well-baby and preschool conferences. Since these conferences oper-

ate during the entire year immunization during a single month does not tell a complete story of the number reached. . . . Duval County school children have been fairly well reached during previous campaigns, so that we feel reasonably sure no outbreak of these two diseases will ever occur in this jurisdiction."

Escambia County

"In November of 1941 it was decided that the gravity of the war situation warranted our beginning an intensive immunization campaign in view of the fact that Escambia County occupies an important position in this defense area.

"A persistent campaign for diphtheria immunization has been carried on for several years so this phase of the program has not received much impetus. Emphasis has been placed on immunization against smallpox and typhoid fever among preschool and school children. To this end practically every school in the county has been visited and all children whose parents would authorize it have been immunized. Special attention has been given to the colored schools.

"The principals and teachers have been charged with the responsibility of obtaining the parents' consent for these procedures.

"The Health Department conducts an immunization clinic each Saturday morning in its offices. Adults are especially urged to attend this clinic, though they are invited to attend any of the clinics held in the schools for school children. As soon as the school season is over, an intensive campaign to immunize adults will be waged. Publicity for this will be in many forms.

"Clinics are also being conducted in the various housing projects, country stores, tourist and trailer camps. Any one living in these immediate areas is invited to attend these clinics as it is not restricted to just the persons residing in a particular housing project or camp.

"The following figures will show the growth in the number of immunizations done:

	1941		1942 Jan. Feb. March
	Nov.	Dec.	
Smallpox vaccinations	67	250	3,986
Diphtheria toxoid	208	165	859
Typhoid inoculations	879	875	5,213

Santa Rosa County

"Our immunization program started the first of the year, in fact, immunizations against diphtheria started in December, 1941. We shall give reports on total immunizations done since the first of the year:

1942	
Smallpox vaccinations	1,885
Diphtheria toxoid	1,162
Typhoid inoculations	1,853

"We are still carrying on extensive immunizations throughout the schools. Those who did not receive the immunizations at the time when it was offered to them at school, are asking for it now."

Broward County

"The immunization program has been approved by the local medical society which is willing to cooperate in every way possible. Our publicity got into full swing Saturday, April 11. All papers in the county including the two main papers in Miami are carrying this publicity which includes a statement of why the immunization program is put on, the May Day program, and the scheduled immunization centers and time throughout the county. We hope to get the papers to insert certain slogans, or paragraphs, as spot announcements. We will begin our summer roundups and will carry on a great deal of immunization for preschool children. . . . The principals and teachers, as well as a number of parent-teacher associations, are behind this immunization program.

"Some of the schools are arranging programs whereby children immunized in the schools will be given a record of these immunizations similar to a diploma, on May Day. It is planned to use the pamphlet "Immunize All Children Before May 1" for this diploma."

Hamilton County

"We started our immunizations of preschool and school children in January and our figures to date are:

Typhoid inoculations	1,120
Diphtheria toxoid	149
Smallpox vaccinations	128

"We are now pushing the diphtheria toxoid and smallpox immunization five days a week for the balance of the school year and are visiting schools regularly each school day. Our program includes immunization of as many Negro children as we can reach.

"Immediately after the closing of schools this Department will concentrate on infant and preschool immunization. It is to be remembered that a vast number of school children last year (1941) were immunized against diphtheria and smallpox."

Walton and Okaloosa Counties

"We have been immunizing in Walton and Okaloosa County Health Units since January . . . We feel sure that before the end of the summer a great deal of

work will be accomplished in immunization.

"The following is a list of immunizations that have been done in Walton and Okaloosa Counties since the first of January, 1942:

Smallpox vaccinations	1,229
Diphtheria, under 1 year	42
Diphtheria, 1-4 years	256
Diphtheria, over 5 years	437
Typhoid inoculations (completed 3)	543

Bay County

"Since January 1 of this year we have given 793 diphtheria immunizations, and 350 smallpox immunizations.

"On May 1 we expect to give the diphtheria and smallpox immunizations to the greatest possible number throughout Bay County. In order to accomplish the utmost in this work, we expect to publicize it in the newspaper and also over the radio."

Franklin and Gulf Counties

"The immunization program was started in both Gulf and Franklin Counties some time ago. We are still publicising the program through the press and through talks to health councils, women's clubs and other civic organizations. Many are still coming to us for this service.

"Since the first of January we have given the following immunizations:

Franklin County

Smallpox vaccinations	45
Diphtheria toxoid	53
Typhoid inoculations	103

Gulf County

Smallpox vaccinations	217
Diphtheria toxoid	150
Typhoid inoculations	1,261

Seminole County

"We have distributed literature and consent slips in all the schools and have talked to all of the principals and some of the teachers. Notices have been put in the papers and we have had three publications on our program. The aid of local physicians has been solicited.

"Since the first of April we have made the following immunizations:

234 first typhoid inoculations
233 second typhoid inoculations
740 smallpox vaccinations
262 diphtheria toxoid
84 Schick tests for diphtheria

Gadsden County

"I am enclosing the figures on protective inoculations. These figures include not only the school children, but also the preschool child taken care of in our well-baby clinics.

March through April 8, 1942

Smallpox vaccination	386
Diphtheria toxoid, under 1 year	12
Diphtheria toxoid, 1-4 years	65
Diphtheria toxoid, 5 and over	29
Typhoid inoculations	5
Schick test for diphtheria (294 Negative)	317

1941

Smallpox Vaccination		Diphtheria Toxoid	
Infant	227	Infant	159
Preschool	492	Preschool	498
School	196	School	81

Schick test for diphtheria..... 729

Leon County

"The following is the immunization work which we have completed:

Typhoid inoculations	647
Smallpox vaccinations	55
Toxoid for diphtheria	66
Schick tests for diphtheria	46

"We have approximately 630 typhoid inoculations in progress. We shall start immunization at the Demonstration School next week and at Leon High School the following week."

Flagler County

"Flagler County Health Department has carried on a general program of immunization since the first of the year. Approximately 80 percent of our 450 white and colored school children and 25 percent of our 300 infant and preschool children have been vaccinated for smallpox and immunized for diphtheria and typhoid fever to date.

"During the month of April we have scheduled two half-day immunization clinics for white and colored adults. This special opportunity for vaccinations for smallpox and immunizations will be offered to adults until May 1."

Jackson County

"The personnel of the Jackson County Health Department have made steps to conduct preschool clinics in various communities throughout the entire county and we believe that these clinics will be well attended. Diphtheria, smallpox and typhoid immunizations have already been administered in some of the schools this month and will be continued."

Dade County

"We are rapidly formulating plans for our immunization campaign. Our nurses are working with all other local committees to stimulate this program in each community. We expect to hold a preschool conference in each community and insist that every preschool child be brought in."

Taylor County

"Each school in Taylor County has been visited, and talks given and literature distributed explaining the immunization program and its necessity. A clinic was set up in ten of these schools. The nurses made home visits in each community and asked that infants, preschool children and adults attend these clinics. In that way the entire community was benefited.

"Plans have been made to visit all schools and communities before May 1.

"The Health Department has had very good cooperation from the people in the county — almost 100% in each community. The civic clubs and the local physicians have also cooperated with the Health Department in this program."

Jefferson County

"We will complete the typhoid immunization in five rural schools this week and vaccinate for smallpox in four rural schols. Next week we will start the same procedure in about four or five additional rural schools. We are struggling to complete the immunization work in all the schools before they close. We have set aside Saturday forenoons for diphtheria and smallpox immunization at the office and have published this fact in the local paper."

Highlands and Glades Counties

"We have arranged to hold white preschool clinics in Avon Park this month and also will hold immunization clinics in the colored schools. Our immunization work will be done in the schools in Glades County during the next four weeks."

Monroe County

"Since the Health Unit has been conducting campaigns to immunize the children in Monroe County, practically all colored children have been immunized against diphtheria and vaccinated for smallpox. As a rule, we try to do most of this work during the fall months leaving the spring months for the immunizations against typhoid fever.

"During September and October 192 children were vaccinated for smallpox and 265 were given toxoid immunization to protect them from diphtheria.

"At the present time we are planning to begin active work next week in the kindergartens and schools. We have given out the slips and talked to the teachers urging active campaign."

Levy and Gilchrist Counties

"Immunizations have been carried on through the whole year and is increasing at present. We feel that in two months most of the children will be protected."

Nassau County

"Immunizations accomplished during the first three months of 1942 are:

Diphtheria toxoid	657
Smallpox vaccinations	453
Typhoid inoculations	78

"We are continuing this work as strenuously as possible. Publicity has been given to the program and more will be given later in the month. . . A meeting will be called of the Division of Health and Housing to enlist their active support."

Baker County

"The following is the number of immunizations given so far in our immunization program:

Diphtheria toxoid	20
Schick tests for diphtheria	15
Smallpox vaccinations	37
Typhoid inoculations	428

"We are putting up posters and running articles in the local, weekly newspaper in regard to these immunizations and are hoping to immunize a large number during this month."

—

Over thirty of Florida's counties do not have full-time local health units. In these areas the private physicians have responded to this urgent need for immunization more than generously. Many of them have agreed to do the immunizations free of charge for any who visit their offices.

The county superintendents of public instruction in these counties have also given splendid cooperation and in many instances have been responsible for initiating a wide spread public response to the program.

Smallpox

Prior to the eighteenth century smallpox was one of the most prevalent and most dreaded of all diseases, but following Jenner's epochal discovery of vaccination in 1796 the incidence of smallpox took a sharp drop, and today, because of vaccination, most people have never seen a case of smallpox.

In those countries where vaccination is required by law, smallpox has become a rare disease. States with compulsory vaccination laws have practically no smallpox. On the other hand, states that do not require vaccination have so many cases that the United States as a whole has more smallpox than any other country of the world except India. Smallpox has been constantly present in Florida because vaccination is not required by law.

How do People Get Smallpox?

Smallpox is contracted by coming in contact with a person who is sick with the disease. The disease is spread mainly by direct personal contact. The infection probably enters the body through the respiratory tract. The secretions from the mouth and nose contain the virus (germ) as do the skin lesions.

Who is Most Likely to Get Smallpox?

Smallpox is one of the most readily communicable of all diseases. In this regard it ranks with measles and influenza. Smallpox is a disease to which everyone is susceptible. There is no such thing as inherited immunity against smallpox. Young and old, rich and poor, clean and unclean are attacked alike. Smallpox occurs by actual contact with a case and spreads in an unvaccinated community.

Diphtheria

The control of diphtheria is one of the greatest triumphs of preventive medicine, yet children still have diphtheria because parents do not avail themselves of modern preventive measures that will protect their children from this dreaded disease.

Diphtheria is a dangerous, catching disease that causes death. It often comes on with only slight symptoms, such as sore throat, chilliness, a little fever, or aching pains, and may be mistaken for tonsillitis or laryngitis or some other less serious illness. For this reason a child with a sore throat, no matter how trivial, should be seen by a physician at once.

Little Children in Greatest Danger

Children are most defenseless against this disease, especially those under 5. The very young child is not only more likely to take diphtheria but also more apt to die of it than are older children.

No Child Need Have Diphtheria

No child need have diphtheria. It can be prevented by a simple, harmless treatment. Take your children to your doctor or to a clinic and ask that they be given diphtheria toxoid. *Every child should be given toxoid at nine months of age.* The treatments, usually two or three in number, are simple and harmless and quickly given. It takes a few months for the protection to develop.

The Schick test given several months after the treatments have been completed is helpful in determining whether or not a child has had enough treatments to make him safe from diphtheria. Also, the Schick test in itself may increase immunity. Two or three years later, or at least before entering school, all children should have another Schick test or another immunization treatment to make sure that they are still protected.

"HALE FLORIDA"

"The purpose of the physical fitness program is to develop a strong, vigorous, and courageous people — a people with the efficiency, skill, sentiment and spirit to endure a long, hard war and the difficult readjustments which will inevitably follow."

WILL YOU SERVE YOUR COUNTRY IN THIS WAY?

Have a thorough physical examination, and if defects are found, make every effort to correct them.

Have your children immunized against smallpox and diphtheria If you have not been vaccinated against smallpox within the last five years, you should have this done. Ask your physician about the advisability of inoculation against typhoid for yourself and your children.

See that your family eats "fighting food"—meat, eggs, fresh vegetables, fresh fruits, safe milk, cereals, and whole grain or "enriched" bread.

Take some form of exercise every day? Ask your doctor what kind.

See that your home is well screened and make sure you have safe sewage disposal and a safe, pure water supply.

HEALTH NOTES

FLORIDA

CONTENTS

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Volume 34 June, 1942 Number 6

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Governor of Florida

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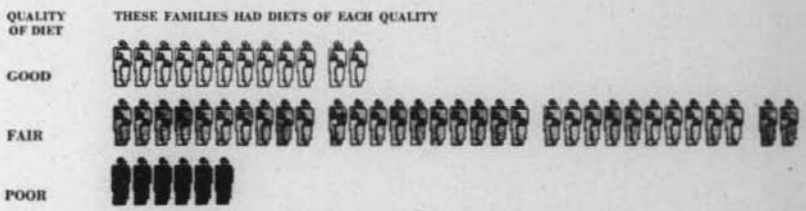
Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

● YOUR FOOD IS YOUR FORTUNE

HOMEMAKERS who are good managers and good cooks and who keep up-to-date on food values and nutrition can make their dollars count for more in the health of their families than those who do not know how to plan or buy food wisely. Some forms of protective foods cost more than others. The job is to choose among them.

WHOLE-GRAIN cereals cooked at home may take the place of the more expensive ready-to-eat kinds. Cheap cuts of meat for stews and pot roasts are as nutritious as steaks and chops. For many uses evaporated milk is as good as fresh milk. Standard grades of canned goods are as nourishing as those of fancy class.

Fifteen cents a meal can buy either a good or a poor diet



Each symbol represents 2 percent of families spending 15 cents a person a meal.

THE PICTOGRAM shows how families in certain villages and cities who spent an average of 15 cents a person a meal differed in the quality of diet obtained. Half as many people got poor diets as got good.

TO GET MORE FOOD FOR YOUR MONEY*

USE MORE OF THESE FOODS	AND LESS OF THESE
Wheat hearts	White cereal
Oatmeal	Cornflakes
Cracked wheat	Puffed grains & other prepared cereals
Boiled whole wheat (soaked overnight)	Grits
	Corn meal
Biscuits made with whole wheat flour or with part wheat hearts	Bread made with all white flour or all corn meal
Cornbread made with part wheat hearts	Soda crackers
Home made whole wheat crackers	Saltines
Whole wheat or Graham bread, muffins, pancakes	Graham crackers (bought)

USE MORE OF THESE FOODS	AND LESS OF THESE
Boiled whole wheat	
Potatoes—white or sweet	
Wheat hearts	Rice
Dried peas or beans	Macaroni
Collards	Grits
Greens—dandelion, turnip, or mustard	Corn meal mush
Cresses	Canned or fresh vegetables
Green cabbage	that cost more
Carrots	
Turnips	
Tomatoes (fresh or canned)	
Beets	
Onions	
Bananas	Pies
Dried prunes, peaches, or apples	Cakes
Home canned berries and other fruits	Candy
Oranges and apples **when they are cheap**	Bottled drinks
Canned juices—orange, tomato, or grapefruit	Soda fountain drinks
Molasses	Bought **canned** fruits that cost more
	Corn syrup
Milk—whole sweet milk	
canned evaporated milk	Bottled drinks
buttermilk	Soda fountain drinks
clabbered milk	Coffee
skimmed milk	Tea
dried milk	**Other** foods which cost more
Cheese	
Fresh fish when cheap	
Canned salmon	
Large sardines	Fish or meat **with** bones or fat and gristle
Canned herring or herring roe	Expensive cuts of meat
Hog—kidney, heart, brains, liver	
Beef—kidney, heart	
Lamb—kidney, heart, brains	

* From School Health Coordinating Service, Raleigh, N. C.

● WE NEED

Calcium for bones and teeth
Iron for rich red blood
Food to build muscles and blood
Vitamins for growth and health

● WE CAN GET

CALCIUM FROM

Whole sweet milk
Skimmed milk
Buttermilk
Clabbered Milk
Canned evaporated milk
Dried milk
Cheese

IRON FROM

Pig, beef or lamb liver
Egg yolk
Molasses
Collards
Cresses
Turnip greens
Green lettuce
Green cabbage
Spinach
Oatmeal
Cracked wheat
Wheat hearts
Graham flour
Prunes
Dandelion greens
Mustard greens
Carrots
Beets
Pumpkin
Potatoes—Irish or sweet

FOOD TO BUILD MUSCLES FROM

Milk (see kinds listed above)
Cheese
Fish—fresh
canned
Eggs
Lean meats Hog
Beef
Lean meat Mutton
Veal
Rabbit
O'Possum
Chicken
Wild fowl
Liver

VITAMINS

Vitamin A from	Vitamin B from	Vitamin C from	Vitamin G from
Collards	Lean pork	Oranges	Liver (any kind)
Cresses	Liver	Canned orange juice	Kidney
Carrots	Chicken	Canned grapefruit juice	Heart
Dandelion greens	Lean meat	Canned tomato puice	Lean meat
Green Cabbage	Dried peas	Grapefruit	Chicken
Green Lettuce	Dried beans	Tangerines	Fish
Mustard greens	Whole wheat bread	Strawberries	Milk
Turnip greens	Whole wheat cereal	Tomatoes	Cheese
Spinach	Wheat hearts	Raw cabbage	Eggs
Pumpkin	Oatmeal	Raw turnips	Dried peas & beans
Sweet potato	Peanuts	Irish potatoes, raw or cooked in skins	Dark green & dark yellow fruits & vegetables
Liver	Irish potatoes, raw or cooked in skins		Potatoes—sweet & Irish
Butter			
Yellow cheese			
Egg yolk			

Vitamin D

None of the common foods contain enough vitamin D to keep bones and teeth healthy. Outdoor sunshine on the bare skin causes some vitamin D to be formed in the skin. If you cannot get enough sunshine, certain fish liver oils (cod and halibut) may be used to supply vitamin D.

● PHYSICAL FITNESS

"THE PURPOSE of the physical fitness program in Florida is to develop a strong, vigorous, and courageous people—a people with the efficiency, skill, sentiment and spirit to endure a long, hard war and the difficult readjustments which will inevitably follow. Becoming **fit to fight** and to serve on all fronts is today the personal, patriotic duty of every American."

YOUR HEART AT MIDDLE AGE

USING your head to conserve your heart is a bid for physical fitness in middle life. Listed below are suggestions which will help to "ration" your heart energy, and keep it your most faithful servant throughout your life.

ATTEMPT to establish a balanced plan of living with sufficient sleep (at least fifty hours a week) and adequate leisure periods. Recreational pursuits should be of a character not to produce shortness of breath, chest pains or undue exhaustion in those who have such tendencies, particularly in late maturity.

AVOID stressful exercise of any type immediately following a meal.

ESTABLISH and maintain some well balanced, moderate exercise program suited to middle age needs.

LEARN to do things in a leisurely fashion. Train yourself to act with studied tranquility, to go places with less feeling of hurry and push.

TRY to cultivate the art of complete muscular relaxation. It is an art that must be practiced, much as one learns to play the piano.

AVOID unnecessary effort which sacrifices the hours of rest and recreation every middle aged person needs.

PLACE special emphasis on moderation in the size of meals and on a quiet and unhurried manner of eating. The inordinate consumption of caffeine drinks is not favorable, nor is the immoderate use of alcohol or tobacco conducive to optimum cardiac integrity.

THE prevention of heart disease is based on sound principles of well balanced living, with emphasis on moderation, equanimity and conservation of energy through the middle or later decades of life. The adoption of a more tranquil and protective philosophy is important, particularly to those with a family history of heart disease. This entails making every effort and sacrifice necessary to get along with one's family and associates with broad tolerance and maximum understanding.

WE must take the path through life in our stride and realize that more can be accomplished in the long run by a quiet and well ordered plan than by the high pressure method so typical of America today. Let us "emote" less and think more.

● "DIPLOMA MILL" BROKEN

ON the 9th of April, 1942, Dr. George A. Munch of Tampa, former member of the defunct Board of Eclectic Medical Examiners, was sentenced to five years in the Federal Penitentiary at Atlanta. Robert T. McFall, an attorney of Williston, received a three year sentence. Julio Lopez of Tampa and Lyle P. Johnson of St. Petersburg were given two year terms, with sentence suspended and a two year active probation instituted. Lopez and Johnson were warned to confine their activities to the practice of naturopathy in which they are both licensed.

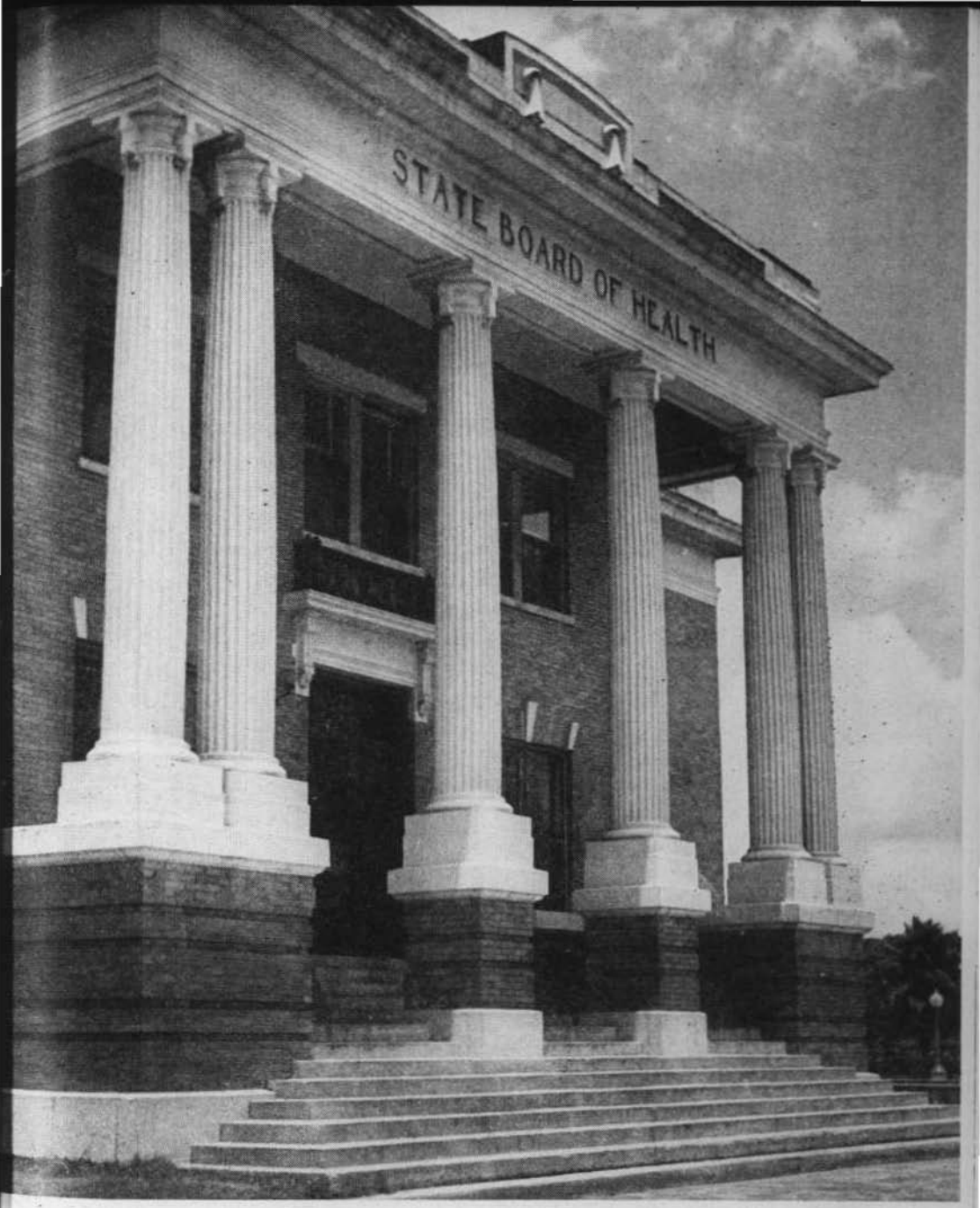
THUS successfully ended a long and difficult fight to break up a "diploma mill" which during several years of operation has worked immeasurable harm upon Florida citizens. Dr. Munch received $1,200 from Lopez and $700 from Johnson for a "diploma" allegedly from the Baltimore Eclectic College and for a license to practice medicine in Florida.

THIS was Dr. Munch's second offense of this nature, and Judge Akerman in sentencing him remarked that he was undecided which was the greatest menace to society—the quack doctor, the shyster lawyer, or the hypocritical preacher. In sentencing Dr. Munch who is 80 years old to five years Judge Akerman realized such was a life sentence but stated he could not turn loose a man of this character once more to prey upon society.

INVESTIGATION of this notorious case has been carried on over a period of a year by Mr. M. H. Doss, Director of the Bureau of Narcotics of the State Board of Health, Mr. R. A. Ward, Post Office Inspector, and Dr. W. M. Rowlett, Secretary of the State Board of Medical Examiners. The case was ably prosecuted by Mr. Damon Yerkes, Assistant United States District Attorney.

"MY! I HOPE THEY'LL IMMUNIZE HIM"

EVERY CHILD OVER NINE MONTHS OLD SHOULD BE IMMUNIZED AGAINST DIPHTHERIA AND SMALL-POX.



Florida HEALTH NOTES

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★ HOUSING OF HEALTH DEPARTMENTS*

By JOSEPH W. MOUNTIN, Assistant Surgeon General, United States Public Health Service

AS CHIEF of the States Relations Division of the United States Public Health Service, it is my duty as well as my privilege to visit many local health departments throughout the country. From these visits I derive valuable information regarding the status of health organizations at the all-important local level. It is gratifying to be able to report that the zeal and devotion to duty frequently displayed by the guardians of community health ot be praised too highly.

THERE IS, however, one circumstance which never fails to astonish and ess me whenever I undertake a trip into the field—that is, the unble, and often deplorable, condition of the quarters in which many cal health departments are housed.

UPON ENTERING a community, I proceed directly to the basement of city hall, or to the basement of the courthouse if the visit is being made to a county health department. This is done with reasonable assurance that the health department will be found there. Occasionally my assumption will be wrong—the health department will be in the attic instead of in the basement. If it is not in either place I am at a loss because more likely than not it is situated in some out-of-the-way alley. Extended inquiries may be necessary to find someone who will attempt to direct me. Frequently I cannot follow the instructions, and am reduced to asking my informant if he will take me there personally.

UPON ARRIVING at the health department, what do I find? If the quarters are rented, I descend—or climb—a stairway which is a hazard to life and limb, and enter a structure which meets no standard building code requirements. If the unit is in a courthouse or city hall, the stairway and building are probably substantial enough, but the entrance is apt to be equally forbidding. A motley fraternity of loafers sprawl or loiter persistently about the entrance, subjecting every client or visitor to idle but thorough scrutiny. In the corridors, inadequate lighting mercifully obscures the walls, floor, and woodwork which are spattered with tobacco juice and adorned with the jackknife carvings of a past generation.

*Reprinted from PUBLIC HEALTH REPORTS, May 22, 1942

ALTHOUGH the department's own quarters may present a more sanitary aspect, they were obviously not designed for a health unit. There is not enough space for desk work, to say nothing of a clinic and other essential accommodations. Ingenious partitioning devices and curtains may be employed to achieve a modicum of privacy. The furniture is a collection of "cast offs" assembled from heaven knows where. . .

THE FOREGOING is a harsh indictment. Lest I be considered guilty of exaggeration I will cite specific but anonymous cases. The following paragraphs contain authentic, and I may even say typical, descriptions of local health units which I have recently visited.

IN ONE of the larger cities of the South the health unit is housed in an ancient structure formerly used as a school. The building is regarded as a fine old antique, and so, apparently, is the health department. When the school authorities abondoned the building because it was so old and dilapidated, it was placed at the disposal of the health department. No questions were asked regarding its suitability. Indeed, general opinion held that the department was now most bountifully provided for. It has an entire building for itself—an almost unheard of stroke of good fortune!

. . .

IN ANOTHER southern community the health unit is lodged in the court house basement together with the county jail and the only public toilet facilities in the city. This town is now a haven for thousands of soldiers on leave and it is impossible to keep the basement orderly and clean. A dark and dreary clinic waiting room, fitted with rows of old theatre seats, is flanked by the cells in which prisoners are kept.

SOME years ago, . . . I was instrumental in arranging for the location of two county health departments in buildings prior to their erection. One department was fairly well provided for in the county courthouse, the other in a county hospital. Here at last was evidence of enlightened policy, and I felt as if I were being granted a glimpse into the future. Recently, however, I visited these scenes of my former triumphs, only to be gravely disappointed. Both units had fared badly. In the case of one, the prosecuting attorney had decided that the rooms it occupied would exactly suit his purposes. Accordingly, the health department had been moved into the basement. It did not, however, stay there long; soon it was crowded out to allow space for the county records. The unit located in the county hospital had retained only one room of its original suite on the first floor, and most of its furniture had been strung out along the hallway leading to the basement where the clinics are now located.

SUCH successive pillar-to-post treatment has been the lot of many local health units. There is a health department which uses the jury room of the courthouse. When a jury files in to deliberate, the health department simply stops whatever it is doing and gets out. An attempt is made to maintain a full schedule of field work during the time the jury is in session. I recall a Virginia city with more than 30,000 population where the health department has taken refuge on the mezzanine of the armory. Clinic patients use the sloping gallery as a waiting room. There is a unit in North Carolina which has been crowded out of the city hall proper and onto the porch. The clinic of this unit is in the basement where the city formerly locked up its drunks. Now the drunks are housed in new and better quarters, and the space has graciously been made available to the health department.

. . .

ONE HEALTH department visited in New Jersey is lodged in a weather-beaten shack set on poles. The wind whistles up through the cracks in the single layer of board flooring. There is no running water possible because pipes would freeze if they were installed. I am reasonably certain that the unit would be without toilet facilities if a public-spirited group of citizens had not supplied the materials, and WPA the labor for a pit privy in the backyard.

ANOTHER local department in a southeastern city with more than 50,000 population has its quarters in various parts of the municipal market center. In summer the odors emanating from the market stalls are particularly distressing. All day long the place is in a tumult with the shouting of hucksters and the cackling of poultry confined in crates piled high on the sidewalk.

. . .

IT IS NOT pleasant to dwell at length on scenes such as these. But I have purposely done so to emphasize one fact: **The imagination can scarcely conceive of conditions worse than those found in the headquarters of the very agencies which ought to set an example of civic cleanliness and decency.** It should be pointed out that the health departments whose quarters are described above are full-time, professionally staffed organizations, not part-time units from which a certain amount of laxity might be expected.

WHAT IS NEEDED to correct this disgraceful state of affairs? The answer usually given is, "money." Yet this is not the whole truth; there are certain fundamentals even closer to the heart of the matter. If local health departments have not been granted funds to operate according to twentieth-century standards, the fault lies partly with the departments themselves. A probability is that they have not asked for money, or that they have not been aggressive enough in pressing their claims; somehow health departments seem to derive great satisfaction out of being considered and treated as martyrs. Or, probably their programs do not meet community needs. No public agency can expect public support unless (1) it has convinced the community that it is doing a really important and worth while job, and unless (2) it commands respect for the way it is doing it.

IF A HEALTH department is concerned with the total health problem of the community and is actually doing something about it—if it is operating clinics, maintaining nursing services, giving real protection with regard to water, milk, and food, assisting in civilian defense, and carrying on a health education program which reaches the people—then it has a right to expect consideration from the community. Moreover, it usually gets it.

. . .

. . . **USUALLY**—but not always. This brings us to the second point—commanding the respect of the public. A health department may actually be making a heroic effort to provide a complete set of modern services. Nevertheless, if it is miserably housed and equipped, if it is relegated to a dark basement or drafty auditorium, then it is not only hindered in the performance of its work but it fails to get the respect its efforts should command. Unstinting public support is engendered not only by recognition of services performed, but by the manner in which they are performed. Call this salesmanship, or even showmanship, but the truth is that it builds respect and recognition. The end result is that the health department is better able to discharge its obligation to the community.

. . .

THE NEXT great opportunity for the construction of health centers on a large scale may come after the war is over. It is generally believed that a comprhensive public works program will be necessary in the post-war era to absorb the shock of anticipated unemployment. A "public works reserve" is being developed by the Federal Works Agency and the National Resources Planning Board which are now surveying communities and preparing lists of suitable projects. If local health departments wish to benefit from this contemplated program, they should begin now to consider their needs and problems, and to prepare the ground for suitable action.

ANY HEALTH center constructed now or in the future should be planned so as to conform to the conception of what a modern health center should be. A well-planned health center requires more than a certain amount of ground space and four walls enclosing floor area partitioned into a number of rooms. If health centers could be planned in this way, it would only be necessary to install a prefabricated house, call the living room the clinic, the dining room the clerical office, and so on. Proper planning, in fact, requires specialized knowledge and consideration of many closely interrelated factors such as function, form, engineering, and local social and economic conditions.

FOR THE BEST results, the services of specially trained architects should be utilized, at least in a consulting capacity. Nevertheless, it is appropriate to outline here some of the outstanding and less technical points to be considered in judicious planning.

THE SELECTION of a suitable site is important. The health center should be situated away from the main business area, but in a place which is fairly accessible. Ground should be allowed for possible future expansion. Adequate vehicular parking space should be available. Preferably, the center should be in a **separate** building; it should not be located in a city hall, courthouse, school building, or welfare center. Those who c:gue for placing health departments in schools say that such an arrangement is ideal for the promotion of child health. Child health work, however, is only one of the necessary activities of a local health department. It must also carry on venereal disease control, tuberculosis work, and other activities for which a school building is certainly not a desirable location. City halls and courthouses are unsuitable because the work of the health department differs in all essential respects from that of other governmental units. Basic equipment bears no resemblance to that employed by other agencies, nor are techniques at all related. The same considerations rule out the welfare center. Moreover, the relief group constitutes only a small part of the clientele of a health department.

ALL THESE factors aside, sharing space with other agencies, as we have seen, usually means that the health department will eventually find itself in the basement.

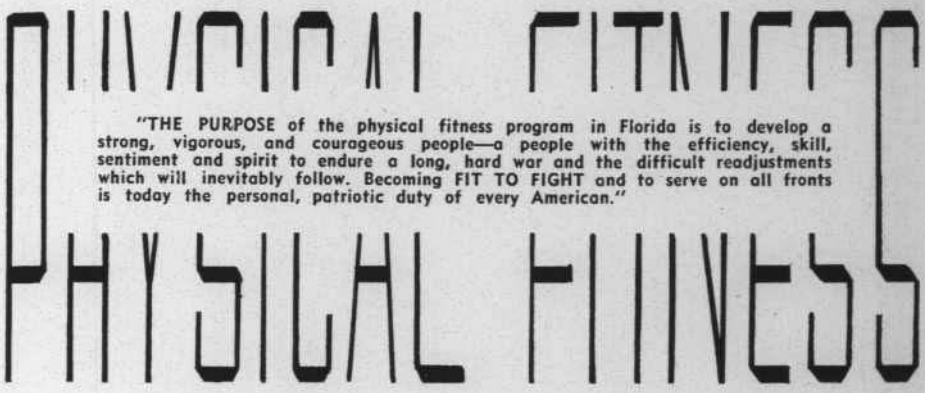
AN IDEAL arrangement is to establish the health center on the grounds of a publicly owned hospital; the next best is to locate it near a nonpublicly owned hospital organized to meet community needs. In this way the health department can utilize the hospital equipment and clinical staff, thus providing better service at lower cost. I would caution against a health center being placed in the hospital building itself unless the structural arrangement is such that it precludes subsequent reassignment of the space for hospital use.

TWO MAIN considerations govern the type of architecture. First, the health center should be planned on a functional basis, that is, its form and construction must be rigidly adapted to the uses to which it is to be put. Secondly, the building must be pleasing to the eye. A permanent, fireproff type of construction is preferable to a frame building and not much more expensive. When the expense of the necessary installations such as the water system, heating, lighting, and ventilating equipment—all of which are as necessary in a frame structure as in a fireproff one—is included, the difference in total cost becomes proportionately even less.

THE INTERIOR of the building should be planned with efficient, coordinated functions of all units in mind. Special attention should be given to the "front of the house," the entrance, foyer, reception and waiting room, and other parts of the building where there is contact with the public. All furniture and appointments should be attractive and designed for comfort and use. Adequate provision should be made for consultation rooms, clinics, X-ray and other equipment, laboratory diagnosis, and the maintenance of vital records. There should be an auditorium where lectures, motion pictures, and classes can be held, and space should be allowed for effective display of educational material. Appropriate landscaping and care of the lawn add to the attractiveness of both grounds and building.

. . .

A HEALTH DEPARTMENT housed in such quarters and properly administered will be a vital force in the community. It will establish itself in the people's hearts and minds as the focal point from which community health activities proceed. Under such circumstances, the health center becomes in fact what in theory it should be, a worthy monument to the science which combats human illness and promotes longer, happier, and more useful living.



★ PHYSICAL FITNESS OF EVERY INDIVIDUAL IS ESSENTIAL TO WINNING THE WAR

By JOE HALL, Florida Director of Physical Fitness

TO THE GLORY of the American way of life, every American citizen is asking himself, "What can I do now to make the most effective contribution to my country?" Many are gaining one satisfactory answer by saying, "I can get myself into the best physical condition it is possible for me to attain."

THE EXCELLENT book, **America Organizes To Win The War,** published by Harcourt, Brace, and Company, contains the following significant statements:

"LISTEN to Brigadier General Ira Eaker, United States Army Air Force and coauthor with Lieutenant General H. H. Arnold, Assistant Chief of Staff and Chief of the Army Air Force, of three fine books on flying. General Eaker went to England early in the war and returned there later to command our own airmen in February, 1942. The writer of this chapter asked General Eaker what young men should do to prepare themselves for a career in the air.

> 'Tell your readers to start in early on physical condition. Tell them to train as if for football. One of the essentials in flying is fine physical condition. Eyesight, of course, has to be excellent, but I believe that many lads who fail the physical requirements on such little things as eyesight need not have failed if they had been more careful of their general physical condition. Get sleep, lots of sleep. I repeat—train as if for a basketball or football team. Not only will physical condition be better, but studies are sure to be better and the chances of a candidate not only for passing the first requirements but for staying through the course of training will be better.'

"GENERAL EAKER said that too many young men had the idea that they could build up their physiques in a few weeks, just before attempting the physical test required for admission to flying school, not realizing that a good physique is built up through years of careful living instead of a few weeks of gym or road work."

WHAT GENERAL EAKER has said about the Air Force has been said also by leaders in every other branch of the Armed Services, as well as leaders in industry and in home civilian defense. Everyone is realizing (we hope not too late) that the very best of physical conditioning on the part of the individual is absolutely necessary in our all-out effort to win the war. Too frequently we find men and women unable to carry out the work for for which they volunteer in the home defense effort simply because they do not have the physical stamina to do all that is necessary.

IN MANY communities there is keen realization of a lack of provision for the physical welfare of their citizens. Schools and communities need better provision for health, better physical education programs, and better provision for recreation. These needs brought more clearly to our attention by present world conditions should and can be met in a way that will be permanently useful to our entire population—youth and adults alike.

THAT a regular, systematic, intensive program of developmental and conditioning exercises is absolutely necessary, everyone will agree. Equally essential are a number of other factors which bear directly on our health. These factors are enumerated and explained in the Florida Defense Council pamphlet, "Physical Fitness Guide", published jointly by the State Department of Education and the State Board of Health. Briefly enumerated, they are: (1) regular physical examinations; (2) correction of all defects possible; (3) Control of communicable disease, giving particular attention to immunization against smallpox for everyone and against diphtheria for those between the ages of 9 months and 12 years; (4) a clean sanitary environment; (5) regular systematic physical exercise; (6) proper nutritional status through eating wholesome foods; (7) health information and wholesome health practices; and (8) a wholesome mental attitude based upon sane thinking and indomitable courage.

EACH of these factors is vitally essential to good health. Each factor can be realized by every individual if he is willing to devote himself to the task of becoming physically fit. The State Defense Council has set physical fitness as one of its major goals. Local and private agencies and individuals are giving aid in every part of the state to carrying out this program, but in the last analysis the task rests squarely upon the shoulders of each individual.

EVERY person should start exactly where he is and in a systematic manner carry forward each of the points essential to his own physical fitness. To fail to do this is to subject ourselves again to the criticism that we have given "too little attention to this important matter too late". Begin now, however, and the greatest service will be rendered to our country. Go today and get your smallpox vaccination. Don't wait until we are short of doctors and epidemics sweep our state. Check up on the food that you are eating and your living habits. See whether you are getting the right amount of sleep and whether you are allowing your nerves to become frayed through emotional maladjustments. Develop a systematic program of exercise suitable to your age level and present physical condition, and work at it regularly. Much of it may be fun, yes—but whether it is fun or not, get your body in good physical shape.

HOW many have taken the Red Cross First Aid course and been unable to administer artificial respiration for more than 2 or 3 minutes? This may be a fair evaluation of the physical status of the individual.

OBTAINING physical fitness is something we can all do. It is simply a matter of making up our minds to do it. Each one of us should undertake immediately the patriotic duty of becoming "fit to fight and fit to serve on all fronts".

★ UNDULANT FEVER

UNDULANT FEVER was first encountered on the Island of Malta in 1886 among the British troops which defended the military garrison on that Mediterranean island. The soldiers stationed there fell victims to a baffling fever which appeared in waves, comparable to the undulating waves of the sea. Because of the place where the disease was found, it became known as Malta Fever or Mediterranean Fever and because of its wave-like behavior in its coming and going, it has since become more widely known as undulant fever.

THIS DISEASE on the Island of Malta baffled local medical authorities for a long time with its attacks upon the British troops stationed there bringng comparatively few deaths, but at the same time robbing the Nation's fighters of the strength and energy needed for military duty. About one year after the disease had become recognized, however, Dr. David Bruce, a British surgeon, working to determine the cause of this baffling disease, succeeded in isolating the germ which he was convinced was responsible for the disease.

SEVERAL years later, Dr. Bruce headed a Commission, known as the British Naval Commission, to make special studies on the organism which he had isolated. He wished to determine its more exact relationship to the disease which had affected the troops. As it happened, there were no laboratory animals on the island such as guinea pigs and rabbits upon which to conduct their experiments, so the Commission turned to the use of goats which were plentiful and made possible a thriving goat-milk industry.

TO THE GREAT surprise of these investigators, when they began to make studies with the goats, they soon found that the germ which Bruce had isolated from sick patients, and named as the cause of the disease prevailing among the troops, was present in large numbers in the milk of these goats. It then became plain that the human cases of undulant fever had been caused by drinking goat's milk because there was no other milk available and goat's milk had been consumed in abundance by the soldiers. Later investigation revealed that this newly discovered disease was

not limited to goats but that different strains of the organism responsible for Malta fever has been given the name Brucella in honor of Bruce, who made the discovery and the general group of diseases developing as the result of infection with the organisms has been called Brucellosis, in honor of the same man.

ABOUT TEN years after Bruce's discovery, Bang, a Danish veterinarian, discovered the germ which causes contagious abortion in cattle and gave to this germ the name, Bacillus Abortus. Alice Evans, a research worker in the Bureau of Animal Industry of the United States Department of Agriculture in 1918, much to everybody's surprise, showed that Bang's bacillus and the germ which Doctor Bruce had discovered were the same and predicted then that this organism would give rise to undulant fever in humans through the agency of cow's milk.

INVESTIGATION has shown that there are at least three strains, or varieties, of organisms belonging to the Brucella group which cause disease in susceptible domestic animals and also in man. The three varieties are the caprine variety, which causes the disease in goats; the porcine variety, which causes the disease in hogs; and the bovine variety, which causes the disease in cows. All three strains may infect susceptible domestic animals or man. The caprine strain was the original strain discovered by Bruce.

AS TIME WENT ON Miss Evans' prediction came true and isolated cases of undulant fever attributed to cow's milk began to be reported in various parts of the United States. Only 128 cases were reported prior to 1925, but the number increased steadily from then on with 514 reported in 1927, 647 in 1928, and on until 1929, when 1,502 cases, nearly three times the 1927 total, were reported. No records are available regarding cases reported since 1932 in the nation as a whole. The cases reported in Florida for the 10 year period 1931-1940 inclusive may be listed as follows:

YEARS	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
CASES	3	2	5	9	68	16	37	42	54	46

UNDULANT FEVER in man is caused by the same germ that causes contagious abortion in cattle. The bovine strain of Brucella is of especial

importance to us here in Florida, because practically one-hundred per cent of the undulant fever found in Florida is caused by drinking raw milk.

OTHER TYPES of Brucella may infect goats or swine but in Florida man gets the infection from cows, either by direct contact with infected animals or by drinking their milk. People in Florida have very little opportunity to become infected through contact with goats or hogs. Infected cows harbor the germs in the udder and give them off in their milk. Living germs are thus carried to the milk consumer unless the milk is pasteurized. The disease is prevalent in cattle everywhere, though it is more common in some localities than n others. The percentages vary from 10 to 30 per cent, with an average of 14 per cent. Farmers and veterinarians who handle infected animals and slaughter-house workers who handle infected carcasses may become infected through the skin, particularly through the abraded skin, and infection in this manner does sometimes take place, however, infection conveyed through raw milk accounts for nearly 100 per cent of our cases.

UNDULANT FEVER may occur in several different forms. The nature and duration of the attack are extremely variable ranging from a mild ambulatory disease to severe illness lasting from a few days to many years. A mild attack may be regarded as "flu" or the attack may pass without being diagnosed. The onset of the typical case is, as a rule, insidious although sometimes the onset may be acute. It is characterized by general indisposition, chilliness, temperature of varying severity, pain which may be general or localized as headache or abdominal pain, and sometimes even the joints are affected causing arthritis. Loss of appetite and constipation are usually present but perhaps the symptom which is most common to all cases is a feeling of general weakness extending through the entire period of the disease and persisting even during convalescence. Sweating, usually excessive, is also a constant finding.

IN CONCLUSION then it should be emphasized that man contracts undulant fever by drinking raw milk from cows infected with Bang's bacillus, the germ that causes contagious abortion in cattle. People who drink milk can be protected by pasteurizing the milk or by eradicating Bang's disease from the herd producing it.

DEATHS FROM DISEASES OF PREGNANCY, CHILDBIRTH AND THE PUERPERAL STATE, AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1941.

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	235	6.3	124	4.6	111	10.3
Alachua	7	8.0	1	1.9	6	17.2
Baker	0	—	0	—	0	—
Bay	8	13.8	6	13.1	2	16.7
Bradford	1	4.0	1	5.6	0	—
Brevard	0	—	0	—	0	—
Broward	3	3.7	1	2.2	2	5.6
Calhoun	1	4.5	0	—	1	24.4
Charlotte	0	—	0	—	0	—
Citrus	1	9.8	1	14.3	0	—
Clay	0	—	0	—	0	—
Collier	0	—	0	—	0	—
Columbia	5	13.3	4	16.6	1	7.5
Dade	25	5.3	15	4.1	10	9.1
DeSoto	2	10.4	1	6.7	1	22.7
Dixie	0	—	0	—	0	—
Duval	29	6.2	15	4.5	14	10.7
Escambia	17	8.9	8	5.2	9	23.9
Flagler	0	—	0	—	0	—
Franklin	1	7.0	0	—	1	22.2
Gadsden (Ex.)	10	16.1	2	9.5	8	19.4
State Hospital	0	—	0	—	0	—
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	0	—	0	—	0	—
Hamilton	1	3.8	0	—	1	7.7
Hardee	0	—	0	—	0	—
Hendry	0	—	0	—	0	—
Hernando	0	—	0	—	0	—
Highlands	1	3.9	0	—	1	16.9
Hillsboro	20	5.6	15	5.2	5	7.4
Holmes	3	10.1	3	10.8	0	—
Indian River	0	—	0	—	0	—
Jackson	12	15.7	5	10.4	7	24.9
Jefferson	1	3.7	0	—	1	4.7
Lafayette	0	—	0	—	0	—
Lake	2	3.5	0	—	2	13.5
Lee	1	2.7	0	—	1	16.7
Leon	4	5.8	0	—	4	11.2
Levy	1	4.1	0	—	1	10.8
Liberty	1	14.9	0	—	1	71.4
Madison	1	3.0	1	6.1	0	—
Manatee	2	4.4	1	3.2	1	7.5
Marion	4	6.8	3	9.3	1	3.8
Martin	0	—	0	—	0	—
Monroe	0	—	0	—	0	—
Nassau	1	6.0	0	—	1	13.2
Okaloosa	3	10.1	3	10.9	0	—
Okeechobee	0	—	0	—	0	—
Orange	9	6.8	4	3.9	5	17.2
Osceola	0	—	0	—	0	—
Palm Beach	7	5.3	3	3.6	4	8.1
Pasco	4	14.9	3	13.7	1	20.0
Pinellas	8	6.5	6	6.6	2	6.5
Polk	12	6.7	7	4.9	5	14.5
Putnam	5	12.5	4	15.7	1	6.8
St. Johns	0	—	0	—	0	—

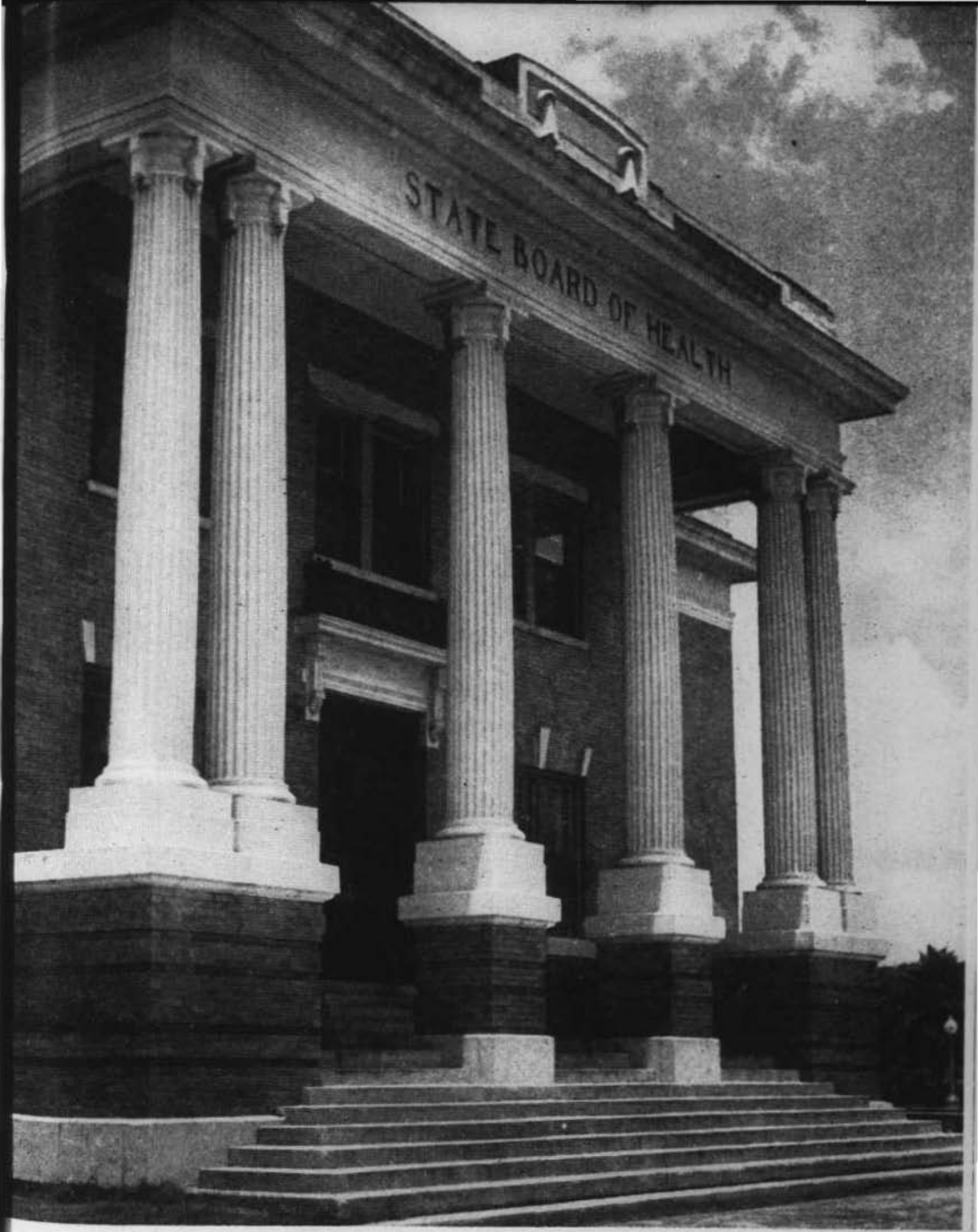
BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, EDWARD M. L'ENGLE, M. D., DIRECTOR

TABLE CONTINUED

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
St. Lucie	2	7.0	0	—	2	15.4
Santa Rosa	1	3.0	1	3.4	0	—
Sarasota	3	10.3	2	9.3	1	13.0
Seminole	3	8.4	1	6.6	2	9.7
Sumter	0	—	0	—	0	—
Suwannee	1	2.8	0	—	1	7.6
Taylor	1	4.0	1	5.7	0	—
Union	0	—	0	—	0	—
Volusia	5	6.4	3	5.5	2	8.5
Wakulla	2	15.6	0	—	2	38.5
Walton	2	6.2	2	7.2	0	—
Washington	2	7.6	1	5.1	1	15.2

DEATHS FROM DISEASES OF PREGNANCY, CHILDBIRTH AND THE PUERPERAL STATE, AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, FLORIDA, 1932 — 1941.

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1941	235	6.3	124	4.6	111	10.3
1940	215	6.4	114	4.8	101	10.2
1939	209	6.5	127	5.6	82	8.5
1938	234	7.5	116	5.3	118	12.6
1937	196	6.6	107	5.2	89	10.0
1936	216	7.7	118	6.0	98	11.8
1935	238	8.5	140	7.1	98	11.6
1934	219	8.2	127	6.8	92	11.4
1933	285	11.1	154	8.7	131	16.2
1932	262	9.6	149	7.9	113	13.2



Florida HEALTH NOTES

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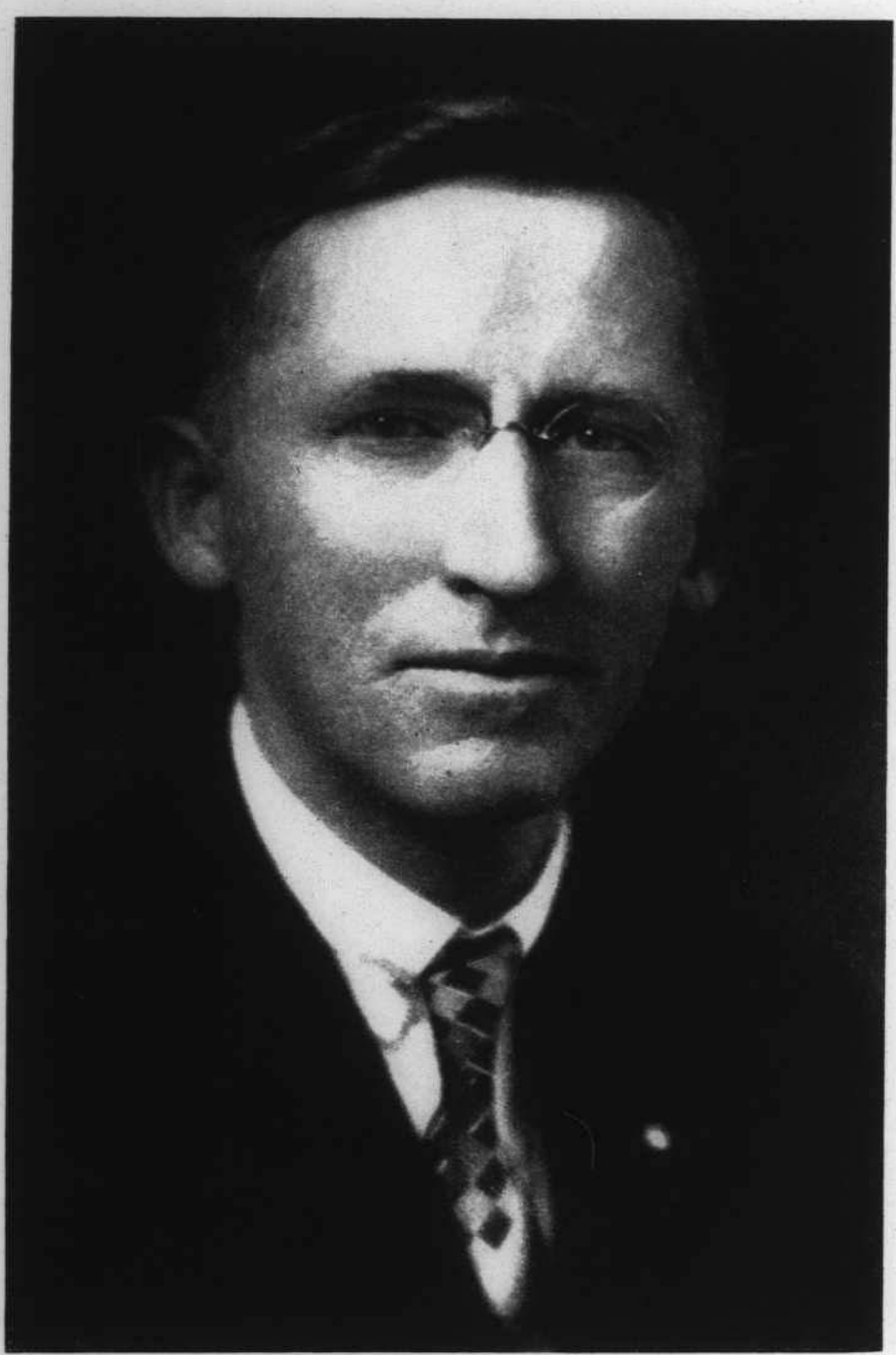

HENRY HANSON, M.D., State Health Officer
APPOINTED JULY 15, 1942

Dr. Henry Hanson, newly appointed State Health Officer brings to the office a wide experience in public health administration and a thorough knowledge of Florida and its health problems. This is Dr. Hanson's second term as State Health Officer, as he first served in this capacity from 1929 to 1935.

Dr. Hanson is a graduate of the University of South Dakota and of Johns Hopkins University. He was Director of the Florida State Board of Health Laboratories from 1909 to 1916. From 1917 to 1919 he served as a Major in the U. S. Army Medical Corps. He was Assistant Chief Health Officer of the Panama Canal Zone Health Department in 1919 and left this position to take charge of yellow fever control measures in Peru where he was appointed Director of the National Health Department in 1922. As a member of the Special Field Staff of the Rockefeller Foundation, he directed the yellow fever control campaign in Colombia, South America, from 1923 to 1927.

A recognized authority on malaria, yellow fever and other tropical diseases, Dr. Hanson has contributed numerous monographs on these subjects to medical and public health journals. He is a member of the American Medical Association, American Public Health Association, American Society of Tropical Medicine, National Malaria Committee, American Academy of Tropical Medicine, Duval County Medical Society, and the Florida Medical Association.

During the past six years Dr. Hanson has been a member of the Pan-American Sanitary Bureau and has travelled extensively throughout South America.

Dr. Hanson possesses qualities of leadership and a broad vision of public health needs and problems which promise an outstanding health program for Florida.

★ DENTAL HEALTH EDUCATION*

By WALTER J. PELTON, B.S., D.D.S., M.S.P.H.
Passed Assistant Dental Surgeon U. S. Public Health Service

In spite of the fact that most dental programs in the past have been organized along preventive lines, it has become apparent that there is no practical, effective quantitative way of preventing the loss of teeth in large groups except by complete and periodic dental care rendered to each individual of the group by a competent dentist. Precisely, there is no true preventive public health dental program existing today, if we assume that **preventive** means prohibiting the inception of dental caries. If proper remedial care is rendered to a patient who has a carious tooth, it can be said that the service is preventive in that the extension of caries has been stopped in that particular tooth, and thus the tooth has been saved. If a dental program does not provide for dental treatment the term **preventive** is a misnomer.

In the past all dental educational programs had these three features in common:

1. Brush the teeth three times a day.
2. Eat foods that build sound teeth.
3. See your dentist twice a year.

At the risk of appearing too negative, but on the basis of our present knowledge, we must confess that obedience to only the third command is really effective in controlling the early loss of teeth. Although pyorrhea or, rather, periodontal diseases are most important, particularly in middle age and after, it seems that the dental caries problem is the main reason for rejections under the Selective Service Act. Members of the dental profession and health workers in general correctly assume that dental caries is by far the most serious health problem, particularly in the elementary, high school, and young adult groups.

Home care has been shown to have little, if any, effect in materially reducing the caries attack rate of the teeth. Even periodic prophylaxis by a dentist has not controlled dental caries. We now know that the slogan "A clean tooth won't decay," is based on wishful thinking.

In fact, it is impossible to make a tooth bacteriologically clean by means of a brush because the bristles do not reach the areas

*Paper read before Florida Public Health Association annual meeting, December 7, 1941

where primary caries begins. Furthermore, advertising to the effect that chewing gums will do what a toothbrush will not, may well be regarded for what it is—an attempt to sell chewing gum. It is still believed nevertheless, that proper gum massage with a toothbrush is extremely beneficial in preventing the accumulation of calcereous deposits around the necks of teeth and keeping the gums well stimulated. It is also believed that brushing the teeth is a civilized habit, like combing the hair and washing the hands, and for aesthetic reasons should be taught to the public.

It should be conceded that clean teeth do decay even when regularly brushed and that the dental problem defined by the Selective Service rejections cannot be reduced to any appreciable extent by the use of a toothbrush. Still these statements are not to be construed as a signal to discontinue the use of a toothbrush.

During the past ten years a great deal of emphasis has been placed on the beneficial effect of a good diet. If the increased number of dental rejections is to be a criterion, it must be acknowledged that dietary advice concerning teeth disseminated to the public has been disregarded, or was incomplete, or was inaccurate. Perhaps the dietary advice given to the public has not been clear and so has often been misinterpreted.

In any event many have asserted that a nutritional program that promotes good general health is desirable for the production and maintenance of sound teeth. Nevertheless, a recent publication emphasizes the fact that good health is no guarantee of good teeth. It is pointed out that although college freshmen have improved in height, weight, and most other physical conditions during the past ten years, they have shown a marked deterioration in teeth.

It is assumed that families of means have the intelligence to comprehend our educational efforts, and that they seek and obtain the best care and advice members of the health professions can give. In fact, studies prove that families of the upper economic levels obtain more dental care than those of the lower economic levels. Furthermore, they have the means to purchase food containing the elements necessary for good health and soutd teeth. Yet the attack rate of caries is essentially the same in the mouths of both groups of children.

Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

ESTABLISHED 1890

As a result of modern research many ideas of old-timers in the health field are rapidly being revised. For instance, calcification studies of deciduous dentition (baby or foundation teeth) have led to the tentative conclusion that "the condition of the mother during pregnancy has but little influence so far as the children's teeth are concerned." More startling is the statement by Kronfeld, who says, "Proper prenatal attention is of paramount importance for the development of both mother and infant; but it is doubtful whether it can in any way alter the tooth structure of the offspring."

In addition to the foregoing statements, it is now believed that enamel of fully formed teeth is a nonvital tissue. "All experimental evidence indicates that the calcium content of the teeth is very stable." Once enamel is fully formed, "The only way in which enamel can be altered in structure or composition is by factors **originating outside** of the tooth (abrasion, erosion, caries, mineral acids, etc.)" Thus it is seen that when the crowns of the permanent teeth are completely formed at eight years of age (except the third molar), nutrition, or the lack of proper nutrition apparently plays no part in altering the structure of the teeth. Specifically diet then ceases to be of importance because "Once the teeth have erupted they have just as good or just as bad a structure as they are going to have for the rest of their life."

The third phase of the dental program, dental service, has long been the most difficult part of the problem and still lacks a satisfactory solution. Until the Social Security Act was made effective in 1935, dentistry, except in rare instances, lacked organization and attention in public health programs. As the figures from the Selective Service headquarters show us, no other morbidity problem is so serious as the dental problem, and yet, during the fiscal year 1941 less than one per cent of the funds available to the States under Title VI of the Social Security Act has been budgeted by the State for dental programs.

The reasons for the small provisions for dentistry are several. The nature of the treatment is such that filling one tooth requires the average dentist to expend from thirty to forty-five minutes, a period of time comparable to that expended by a physician in performing a tonsillectomy. In short, dental treatment for a number of neglected mouths becomes rather expensive. Generally, state health departments have been reluctant to attack so intricate a problem. On the other hand, the professional group, while aggressive in certain other areas, has been until recently, officially hesitant to demand more help in solving the

problem. Some men, feeling that the dental profession is not numerically large enough or perhaps willing enough to render service to children, have suggested the creation of a sub-professional group within dentistry, trained for a shorter period than dentists, to deal with the needs of children.

A shortage of dental services for children as well as indigent and employed adults is imminent. There is little doubt that welfare and health workers are facing a tremendous task. It is generally recognized that the health status of our people must be excellent if our war efforts are to be efficient and successful. Dental diseases, therefore, by virtue of their excessively high attack rates should receive even more attention than they have received in the past.

Gratifying as it is to note that steps taken in the health field during the last year have been phenomenal, members of the health profession must work harder than ever before toward one major objective —regular and complete dental care for all. The success in providing society with the improved technical knowledge which American dentistry properly claims should not have to be measured by another draft, twenty years hence.

★ "THE MORE YOU READ - - "

For scholarship one must own books and medical journals. Those you own and can carry about with you are the ones that will be most read. For years I have been watching young men develop progressively in the clinic. I am convinced that those that read most extensively progress with greatest success in the profession. Those that go farthest, with few exceptions, began early to buy books and journals and to read them. A personal medical library is a valuable asset to the medical man. The right book at hand is the book useful and actually used. The busier you become in your medical work, the greater the importance to have books right at hand in which to look for information about the problems in the day's work.

The habit of reading at least one hour daily will enable you to cover an amazing amount of medical literature. If you do this, each year you will have spent fifteen and one-half eight-hour days in reading, or nearly two months of the present labor union stint of work. I strongly advise you to begin and to continue this habit. Curiously, the more diligently and more extensively you read, the more you enjoy it. For him who attains to scholarship the labor of reading long since has changed to a pleasure and satisfaction.

HENRY A. CHRISTIAN, M.D., *The Diplomate*, **JANUARY, 1942.**

"THE PURPOSE of the physical fitness program in Florida is to develop a strong, vigorous, and courageous people—a people with the efficiency, skill, sentiment and spirit to endure a long, hard war and the difficult readjustments which will inevitably follow. Becoming FIT TO FIGHT an dto serve on all fronts is today the personal, patriotic duty of every American."

★ WHY YOUR HEALTH IS A WAR PROJECT*

In ordinary peace times no one need worry whether you are sick or well. If you choose to live so that you will be in the hospital six months every decade and swallowing prescriptions the rest of the time it is strictly your own affair. Not now.

Uncle Sam wants you to be well. Your health is a war project of the nation, state and community. If you get sick you will damage the war effort.

There are several reasons for the importance of health as a major war project. Some of them are not apparent. They combine into an imperative order to Americans to be physically fit.

Drugs and chemicals are scarce. Doctors are being drawn into the armed services in increasing numbers. Nurses are in heavy demand. The national interest requires that a limited number of doctors, nurses and drugs be left available for the civilian population. If more than a minimum is reserved for civilians, the armed services will run short. Civilian health will provide more for the armed services. Civilian sickness will disrupt the home front, interfere with production and distribution, spread havoc.

We can no longer afford the luxury of preventable illness.

The State Defense Council of Florida has a physical fitness program designed to enlarge, emphasize and energize the functions of all agencies in the community active in connection with health, sanitation and physical education. The program is in many sections because health is the result of many factors.

Your city should be in the forefront of this effort to strengthen the home front and provide medical services and supplies for the armed services.

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*Editorial from "Tallahassee Democrat" June 28, 1942

What is a physical fitness program?

IT IS NOT JUST EXERCISE. Some persons need little exercise and those of middle age and beyond should take it in homeopathic doses. Everyone should get some exercise to keep well.

IT IS NOT JUST SANITATION. There is a big field for improvement here. Little has been done here or in most Florida cities about rats which destroy foodstuffs and spread typhus fever. More has been done about mosquitoes, flies and cleanliness. Health cards for handlers of food and for barbers, beauticians and nurses are required. More could and should be done.

IT IS NOT JUST NUTRITION. It is well known that the food one eats controls his growth and development, his flow of energy and his coordination. Wrong food can even affect the vision and cause accidents. Lives have been saved by correct eating habits.

IT IS NOT JUST DRUGS AND SURGERY. Persons with diseased teeth and tissues or with broken bones or injuries require surgery. Many need medicines to restore nature's balances when nutrition has been neglected.

IT IS NOT JUST IMMUNIZATION. Several dreadful diseases have been conquered or reduced to an unimpressive minimum through immunization. This program has the impetus of a national campaign in which Florida is joining.

IT IS NOT JUST PROPHYLAXIS. The armed services have reduced social diseases by wise provisions which could be extended in a realistic program.

IT IS NOT JUST SAFETY. Clean homes, speedy repairs, refusal to use broken furniture and ladders, precautions in the use of gas, gasoline, oil and electricity; law observance in driving and walking—all these will save life and limb.

IT IS NOT JUST PERSONAL CLEANLINESS. Brushing the teeth, taking frequent baths, washing the hands often, careful grooming and attention to minor cuts and wounds, will pay big dividends in health and well being.

Physical Fitness is:

EXERCISE, SANITATION, NUTRITION, SURGERY PROPHYLAXIS IF EXPOSED, SAFETY PRACTICES AND MEDICINES WHEN REQUIRED; IMMUNIZATION, AND PERSONAL CLEANLINESS.

It is a big order. Physical fitness for your city and county call for all that can be done by the combined and coordinated efforts of the county defense council and several of its divisions, the county health unit, the city sanitation department, the county welfare board, the tuberculosis association, the physical and health education and nutrition and home economics departments of the public schools and colleges, the city recreation department, the Red Cross chapter, the home demonstration agents, the civic and community clubs of men and women, the parent-teacher association, the parents, children and teachers. In short, this is a big war job for all of us.

So you have been fretting because you have nothing to do to help win the war? Well, how about Physical Fitness?

★ HOW CAREFUL ARE YOU?

The table on the right tells an important story—and points a moral. It shows the ten leading causes (exclusive of automobiles) of accidental deaths to Floridians in 1941. These are the things the table says:

Be Careful

★ **WHEN YOU GO DOWN STAIRS,** climb ladders and trees, or step on a chair to reach that high shelf. *Watch your step!*

★ **WHEN YOU GO SWIMMING.** Don't let a gay spirit or a "do and dare" attitude carry you into deeper water unless you are a strong swimmer. *Watch when and where you swim!*

★ **WHEN YOU LIGHT THE STOVE** or use a cleaning fluid. *Remember* kerosene and gasoline can be either faithful servants or dangerous enemies.

★ **WHEN YOU CLEAN A GUN** or handle it for any reason. They're used to fight wars with—which doesn't indicate they're *playthings.*

★ **WHERE AND WHAT YOU EAT.** *Know* that the source of your *food was approved*—that it was properly prepared and carefully served.

★ **THERE IS AN ELEMENT OF DANGER IN ALL KINDS OF TRAVEL, BUT ACTUAL STATISTICS SHOW THAT ACCIDENTS OCCURRING AROUND THE HOME WERE THE CAUSE OF TWICE AS MANY DEATHS AS FROM ALL FORMS OF TRAVEL (EXCLUSIVE OF AUTOMOBILE).**

TEN LEADING CAUSES OF ACCIDENTAL DEATHS

FLORIDA, 1941

(Exclusive of automobile accidents)

RANK	TOTAL	WHITE		COLORED	
		MALE	FEMALE	MALE	FEMALE
FIRST	Falls	Falls	Falls	Drowning	Burns
SECOND	Drowning	Drowning	Burns	Burns	Food poisoning
THIRD	Burns	Air transport	Other Poisoning	Railway	Falls
FOURTH	Firearms	Firearms	Drowning	Firearms	Drowning
FIFTH	Air transport	Water transport	Firearms	Falls	Firearms *Other poisoning
SIXTH	Railway	Burns	Railway *Food poisoning	Agriculture & Forestry	.....
SEVENTH	Food poisoning	Railway	.....	Food poisoning	.....
EIGHTH	Other poisoning	Agricultural & Forestry	Water transport	Other poisoning	.....
NINTH	water transport	Food poisoning	.....	Water transport	.....
TENTH	Agricultural & Forestry	Other poisoning	.....	.....	.....

*Same Rank.

BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH EDWARD M. L'ENGLE, M.D., Director

PINELLAS COUNTY HEALTH CENTER

Pinellas County has a new Health Center. It is considered one of the finest and most modern in the South. Built at a cost of $21,000, the two-story, concrete block structure houses the Pinellas County Health Department, Pinellas County Tuberculosis and Health Association, Pinellas County Welfare Department, and District No. 4 Welfare offices of the State Welfare Board.

Occupation of the building took place June 15, 1942. A formal opening was held July 1, which was the sixth birthday of the Pinellas County Health Department.

The Center is located on East Cleveland Street in Clearwater. The office space is well arranged, and there is ample clinic room available for both white and colored patients. Fluorescent lights and a modern heating plant have been installed. Provisions were made in the building plans for the addition of an auditorium when the necessary funds are available. A driveway leads to a parking space which can accommodate 40 to 50 cars, amid beautifully landscaped grounds.

Members of the Building Committee were: Lucius S. Ruder, Clearwater; William D. Monroe, Pinellas County Health Department; John Chestnut, County Commissioner, Clearwater; and Dr. Frank V. Chappell, former Director of the Pinellas County Health Department. The present Director of the Health Department is Dr. R. D. Hollowell.

It was through the efforts of these men, and through the interest and financial assistance of the Board of County Commissioners, that this much needed building was constructed.

INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1941.

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	1,975	52.6	1,180	44.1	795	73.7
Alachua	47	53.7	26	49.3	21	60.3
Baker	10	69.4	7	67.3	3	75.0
Bay	24	41.5	17	37.1	7	58.3
Bradford	12	48.0	8	44.9	4	55.6
Brevard	15	53.0	8	50.6	7	56.0
Broward	32	39.7	9	20.0	23	64.6
Calhoun	11	49.8	8	44.4	3	73.2
Charlotte	1	33.3	1	43.5	0	—
Citrus	7	68.6	4	57.1	3	93.8
Clay	3	24.4	1	12.2	2	48.8
Collier	2	28.6	1	19.2	1	55.6
Columbia	17	45.3	6	24.9	11	82.1
Dade	215	45.2	129	35.3	86	78.1
DeSoto	21	108.8	14	107.4	5	113.6
Dixie	12	60.6	7	59.3	5	62.5
Duval	271	58.1	173	51.6	98	74.8
Escambia	105	54.9	71	46.3	34	90.4
Flagler	3	62.5	1	90.9	2	54.1
Franklin	9	63.4	5	51.5	4	88.9
Gadsden (Ex.)	46	73.8	10	47.4	36	87.4
State Hospital	0	—	0	—	0	—
Gilchrist	7	76.1	6	84.5	1	47.6
Glades	0	—	0	—	0	—
Gulf	18	93.8	11	91.7	7	97.2
Hamilton	12	45.1	5	36.8	7	53.8
Hardee	9	45.7	8	42.1	1	142.9
Hendry	0	—	0	—	0	—
Hernando	3	26.5	3	37.5	0	—
Highlands	23	90.2	16	81.6	7	118.6
Hillsboro	196	54.9	147	50.7	49	72.6
Holmes	16	54.1	14	50.4	2	111.1
Indian River	8	45.2	3	25.0	5	87.7
Jackson	36	47.2	23	47.8	13	46.3
Jefferson	22	80.9	4	65.6	18	85.3
Lafayette	4	54.8	3	44.1	1	200.0
Lake	19	33.3	11	26.1	8	54.1

(CONTINUED FOLLOWING PAGE)

INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1941. (Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Lee	16	42.8	12	38.2	4	66.7
Leon	42	60.4	12	35.6	30	83.8
Levy	11	45.1	6	39.7	5	53.8
Liberty	6	89.6	6	113.2	0	—
Madison	18	54.1	5	30.5	13	76.9
Manatee	28	62.2	13	41.1	15	111.9
Marion	36	61.3	16	49.7	20	75.5
Martin	5	45.0	2	29.0	3	71.4
Monroe	13	47.6	12	55.6	1	17.5
Nassau	10	59.9	3	33.0	7	92.1
Okaloosa	17	57.0	15	54.7	2	83.3
Okeechobee	2	76.9	1	55.6	1	125.0
Orange	65	49.3	42	40.8	23	79.3
Osceola	3	17.9	0	—	3	90.9
Palm Beach	67	50.6	34	40.9	33	67.1
Pasco	11	40.9	7	32.0	4	80.0
Pinellas	36	29.4	22	24.1	14	45.3
Polk	87	48.9	69	48.1	18	52.3
Putnam	29	72.3	16	63.0	13	88.4
St. Johns	21	51.6	9	37.8	12	71.0
St. Lucie	16	55.7	4	25.5	12	92.3
Santa Rosa	18	53.9	10	34.5	8	181.8
Sarasota	13	44.7	9	42.1	4	51.9
Seminole	30	83.6	13	85.5	17	82.1
Sumter	15	70.8	7	50.4	8	109.6
Suwannee	22	62.7	8	36.4	14	106.9
Taylor	17	68.5	9	51.1	8	111.1
Union	4	40.0	3	40.5	1	38.5
Volusia	46	58.7	23	42.0	23	97.5
Wakulla	3	23.4	2	26.3	1	19.2
Walton	24	74.8	20	71.7	4	95.2
Washington	8	30.3	8	40.4	0	—

INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, FLORIDA, 1932-1941; U. S. REGISTRATION AREA RATES, 1932-1940

YEARS	TOTAL		WHITE		COLORED		U. S. REGISTRATION AREA RATE
	Deaths	Rate	Deaths	Rate	Deaths	Rate	
1941	1,975	52.6	1,180	44.1	795	73.7	———
1940	1,809	53.5	1,045	43.8	764	76.9	47.0
1939	1,821	56.3	1,041	45.9	780	80.8	48.0
1938	1,804	58.0	1,054	48.4	750	80.3	51.0
1937	1,759	59.7	960	46.7	799	89.5	54.4
1936	1,664	59.3	975	49.4	689	82.7	57.1
1935	1,730	61.7	986	50.3	744	87.9	55.7
1934	1,818	68.1	1,011	54.4	807	99.6	60.1
1933	1,619	63.0	878	49.9	741	91.7	58.1
1932	1,680	61.3	940	49.9	740	86.5	57.6

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ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Flagler	Bunnell
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Gulf	Port St. Joe
Hamilton	Jasper
Highlands	Sebring
Hillsborough	Tampa
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Santa Rosa	Milton
Seminole	Sanford
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak

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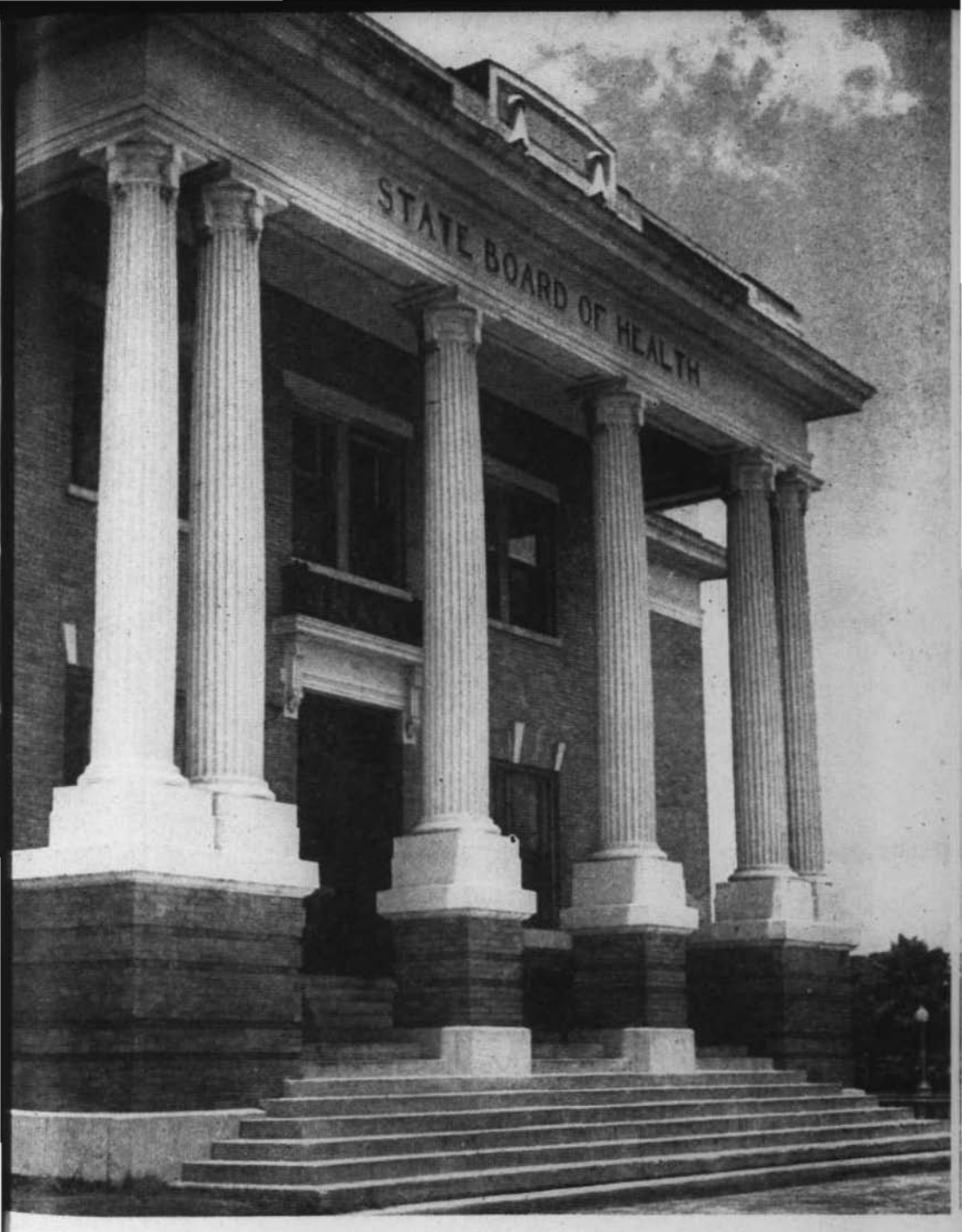

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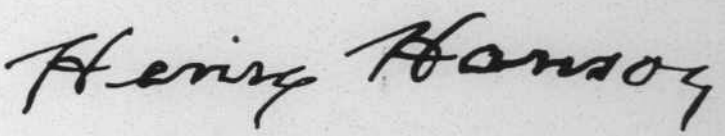
In this issue of Health Notes we are resuming a practice which was the original plan when Health Notes was first established. The idea of Health Notes is to present information regarding the program of the State Board of Health and what is being done in each bureau.

From now on each bureau director will have an article for contribution to each issue of this publication. They will discuss the problems of their respective occupations in simple language. It is hoped that Health Notes will always be of benefit to the people of the State.

While we expect to have all articles in Health Notes scientifically correct, we do not intend to go into complicated technical details.

If any reader of Health Notes wishes information on any special topic the State Board of Health will be pleased to have such person write in for the information which he or she wishes.



HENRY HANSON, M. D.
State Health Officer.

★ CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPARTMENTS

By A. W. NEWITT, M. D., *Director*
Bureau of Local Health Service

There are a number of broad principles pertaining to the organization of local health departments which should be recognized if the units are to operate continuously and successfully as a function of local government. The history of public health organization in this country has revealed the soundness of these principles as well as the results of ill-advised and poorly planned public health organizations. In a series of articles in "Florida Health Notes" I expect to discuss these principles and their application to Florida in particular.

By way of introduction, it may be of interest to briefly review the background of county health unit organization. Prior to 1911, when the first unit of this kind was established in this country, only the states and large cities had health departments whose personnel devoted their whole time to public health service. The health officers of smaller cities and villages were (and in unorganized counties still are) part-time physicians with no public health training. Many were laymen whose chief duties as health officer consisted of tacking up and taking down quarantine signs and the investigation of nuisances. The rural areas outside of corporate limits had no public health service of any kind.

Since the outbreaks of disease are not limited by boundary lines, the lack of authority of a large city health officer over adjacent suburban and rural areas was a severe handicap in the investigation and control of such diseases as typhoid, smallpox, diphtheria, and other communicable diseases. An outbreak of typhoid in North Yakima, Washington, which spread to its suburbs, resulted in the organization of the first county health department. The benefits which could be derived from such an organization soon became apparent. The conception of an organization which was staffed by a trained public health physician, public health nurses, and qualified sanitary officers, all devoting their whole time to the solution of long standing public health problems was soon recognized as sound in principle and capable of tremendous possibilities in the advancement of preventive medicine.

Several large foundations became interested, and they subsidized demonstration health units. These were so successful that en-

continued on page 106

★ IMPORTANCE OF DENTAL HEALTH

By LLOYD N. HARLOW, D.D.S., *Director*
Bureau of Dental Health

The records of the first 2,000,000 Army selectees examined show that 188,000 were rejected because of dental defects, 123,000 because of defective eyes, 57,000 because of venereal diseases, and 26,000 because of diseased lungs. This shows that dental defects were the cause of three times more rejections than venereal diseases and over seven times more than tuberculosis.

The death rate is not high for either venereal or dental diseases. However, they both cause diseases of the heart, eyes, kidneys, joints, and, in many cases, are the indirect cause of death. Dental infection, as well as venereal disease, is known to cause insanity. Loss of hearing is one of the most common results of dental disturbances. Dental caries is not a contagious disease, but it attacks over ninety-eight per cent of our population. Considerable funds are available for control of venereal diseases but very little for dental corrections and yet, dental defects are the cause of the loss of more manpower.

A great deal can be done by the teachers in our schools. With our schools now starting, special attention should be given to the children entering for the first time. A correction program should be included in a good educational program. The teachers, with a coordinating health program, can do more than any other group of people toward saving the nation's teeth.

Doctor John T. O'Rourke, Louisville, Kentucky, speaking of the national health program at the mid-winter meeting of the American Dental Association in Chicago, said, in part:

> **"In light of our present knowledge regarding early and frequent inspection and treatment, diet and nutrition, hygiene and education, we have means for substantial control of dental caries if the various fields in society were united in an efort toward caries control as they are in the control of cancer and in the control of tuberculosis."**

A well-planned program will necessarily include the cooperation of the teacher, the school board, the county commission, local service clubs, and the dental profession, as well as the various health organizations. The underprivileged children are the greatest problem we

continued on page 106

★ KNOW YOUR OYSTERS

By JOHN B. MILLER, *Acting Director*
Bureau of Sanitary Engineering

The oyster season is almost here again, and soon many people will be enjoying that delicacy from Florida waters. The oyster is one of the most important of the seafoods. It is rich in iron and copper and contains vitamins A, B and C.

Oysters are produced and processed under conditions which make it vitally important that every care be taken to safeguard their wholesomeness as a food for human consumption.

The oyster lives and grows in the water, and in the process of its development takes many gallons of water through its gills every day. For this reason it is important to know where the oyster you eat comes from. Oysters which have been living in and "drinking" water that is contaminated are likely to contain disease germs. There are certain water areas in the State which are condemned by the State Board of Health and are not suitable for safe oyster production. Persons on a picnic or outing who take and eat oysters from waters of these condemned areas are taking a dangerous chance with their health and possibly with their lives.

A clean oyster taken from healthy waters may become infected and made dangerous for human food by careless and improper handling. In the process of handling, oysters are shucked, washed and packed, and if this handling is not done in proper surroundings, with proper equipment and utensils and by healthy workers, there is too much chance that disease-carrying filth may get into the oysters. When oysters are processed in approved establishments, this chance is kept at a minimum. After oysters are processed and packed they are usually subject to still further handling before they reach the consumer. The dealer receives the oyster from the producer, and the market is usually the only place in the oysters' travel from oyster bed to your table that you see. At the market the oyster may be rendered unfit for human consumption by careless handling and storage. Be sure that the place you patronize is always careful to keep oysters in the original container in which they

were received from the producer, and that the refrigerator is clean and always at a low temperature (not over 50° F.) No ice, water or other foreign substance should ever be allowed in contact with shucked oysters.

When your oysters have been delivered to your home, you will, of course, see that they are kept under proper refrigeration until consumed.

A few simple rules followed when you buy oysters for a family treat will serve as a guide to help you secure safe oysters.

★ Be sure your market or store gets its supply of oysters from a reputable dealer. The State Board of Health issues permits to approved producers. Look for the permit number on the container from which your oysters are taken. It is stamped or embossed on the container preceded by the abbreviation of Florida, thus (Fla.-999).

★ Be sure that oysters are kept in proper refrigeration, cold and clean. The transfer of shellfish from the original containers to crocks, jars or other recepticles, is prohibited by law. Your market should sell oysters only from original containers.

★ Do not buy oysters from "bootleggers." Patronize the markets which are always careful to protect you by procuring their stock from an approved producer having a State Board of Health permit.

★ When on a picnic, fishing trip or other outing, do not take and eat oysters from the water unless you are absolutely certain the water is not in a condemned area. Ask your local health department about these condemned areas.

Oysters are a good wholesome food when produced, handled and marketed in a safe and sanitary manner. Florida oysters are among the best, and the industry has gone to considerable expense and effort to cooperate with the health department to bring this delicacy to your table as safely as possible. The final link in this chain of sanitary methods depends in large part upon the consumer. You help maintain the chain of protection by getting your oysters from approved sources.

★ "IN DEFENSE OF THE NATION"

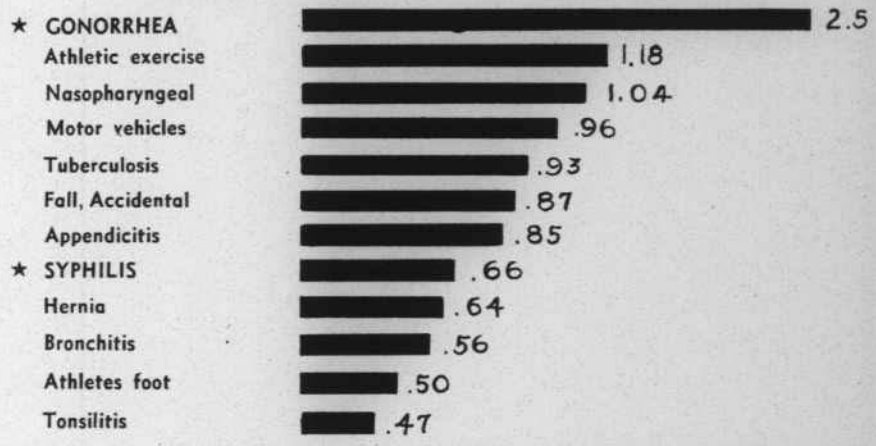
By WILSON T. SOWDER, *Passed Assistant Surgeon,*
United States Public Health Service,
Director, Division of Venereal Disease Control

TODAY AMERICA ARMS FOR DEFENSE. Uncontrolled venereal disease is just as destructive today as in 1917. Venereal disease defense is a job for every man and woman in America. Venereal disease defense is a "home front" job for every town in the United States. Venereal disease is a serious, immediate "home front" problem. Boom-town conditions make it easy for venereal disease to spread very rapidly. The town or city that doesn't take control of the situation will suffer. Syphilis and gonorrhea can be controlled in your city. That's where the real work must be done. The men behind the guns and the workers behind the machines get venereal disease in the nearby community—perhaps in your city. Therefore, it is a community problem—all groups and all citizens working together. It is not a job for your health department alone, for your police, schools, churches or clubs alone. It is everybody's job. It means the cooperation of every group, every agency —pooling all resources that can be used to fight venereal disease in your city. Good facilities are needed for finding and treating syphilis and gonorrhea. Prostitution must be repressed. Such a program requires money, equipment, and trained workers. Your support of venereal disease control in your city can be your service to your country in time of need.

SYPHILIS AND GONORRHEA WASTE MAN POWER and lower the efficiency of the Army, Navy, and industrial workers. During the World War the U. S. forces had less venereal disease than any others engaged in the war but military records show 157,146 more new cases of syphilis and gonorrhea among United States soldiers, sailors and marines than wounds in battle; 7½ million sick days from venereal disease, or 20,600 men absent from duty for a whole year, enough to man 5 aircraft carriers and 9 destroyers or 20 regiments of infantry. Now as in 1917 American communities face this challenge, for syphilis and gonorrhea are acquired not while on duty in shops, in camps, on ships but in communities men visit while off duty.

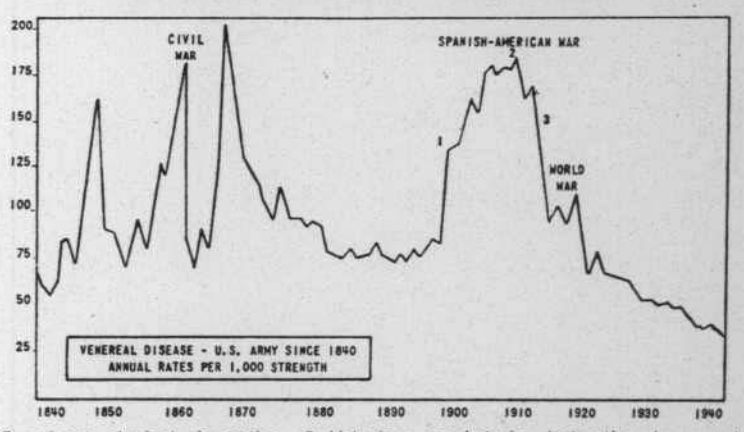
GONORRHEA IS STILL AT THE TOP OF THE ARMY SICK LIST. Almost three times as many days are lost from syphilis and gonorrhea as from any other cause.

PRINCIPAL CAUSES OF NON-EFFECTIVENESS*



* Rates per 1,000 men, from Annual Report of the Surgeon General of the U.S. Army, 1940.

UNTIL 1917 VENEREAL DISEASES ALWAYS INCREASED ALARMINGLY DURING MOBILIZATION



1. Occasional physical inspection. 2. Voluntary prophylaxis; instruction in sex hygiene. 3. Compulsory prophylaxis; monthly physical inspection; forfeiture of pay. 4. Official recognition responsibility of unit commanders.

By 1910 American military and civil organizations had begun to take steps to reduce these diseases. During the World War the Army, Navy, Public Health Service, medical profession, American Social Hygiene Association and other agencies achieved the lowest venereal disease rate in history.

Venereal disease is still an acute problem of the Army and Navy. The armed forces are not likely to show a better record than

continued on following page

the people among whom they live. To combat venereal diseases, clinics have been or will be established in practically every community so that experienced physicians and trained workers can give the best type of treatment possible for the prevention and control of syphilis and gonorrhea. The movement is forward! Are the authorities in your city meeting the challenge of prostitution? Is there an active venereal disease education program in your city? Are you helping your city do the job?

CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPARTMENTS—
Continued from Page 100

abling acts were passed by state legislatures to facilitate the organization of county health departments and at the same time to repeal antiquated public health laws. When the Social Security Act was passed by Congress, the Federal government was enabled to participate in the movement financially with the result that at the present time all health departments receive financial assistance from the U. S. Public Health Service, the Children's Bureau of the Department of Labor, and from the State Board of Health. Funds thus made available from State and Federal appropriations should be matched with local funds. At least 50% of the health department budget should be appropriated locally in order to insure adequate health service on a permanent basis.

IMPORTANCE OF DENTAL HEALTH — Continued from Page 101

have to contend with in this kind of program. Some means must be found to have corrections made for these children. The dental profession in the past has shouldered this burden in many instances. However, this should not be the responsibility of the dental profession alone, but the responsibility of the community as a whole. The service groups, in many localities, have cooperated in establishing dental clinics or in paying for dental services in the private practitioners' offices. The dental profession has agreed to cooperate with any corrective program that can be inaugurated.

While the dental profession does not know the cause of dental caries, research has taught us that the elimination of excessive carbohydrates is of untold value in the prevention of dental diseases. Early corrective measures are most essential in the prevention of the destruction and loss of teeth. Over fifty per cent of dental caries has its origin in the small grooves on the surface of the teeth. If these small cavities were filled by the dentists, it would result in the saving of teeth, and the prevention of dental infection, and likewise cut the cost of dental service. If our children can be taught to have early and regular dental attention in the dental office, artificial dentures will soon become a thing of the past.

★ BALANCING A PROGRAM

By RUTH METTINGER, R.N., *Director*
Bureau of Public Health Nursing

Day in and day out the public health nurse travels her district, whether it be a county or a city, working, planning, hoping toward better health conditions. The amount of work which she can do, and its degree of effectiveness, is determined through program planning.

No ready-made pattern in a way of a program can be used as a model for every community. What might be a well-planned program in one area might be impracticable or top-heavy in another area; or, a well-balanced program in a given community may call for revision to meet the needs of the same community tomorrow.

Public health is constantly changing, therefore public health nursing programs must allow for a reasonable degree of flexibility. A sound program must take into account changing needs, and the emphasis in the activities affecting the community.

It is estimated that one nurse should serve a population of 2,000. Even though additional nurses have been employed in the majority of the counties, this ratio has not yet been reached in most communities. The nurse cannot serve every family, but should seek those who need her most. To learn about the family situation as it relates to the health of every member is the nurse's concern. The method by which she gives service to the family depends upon the need or reason which brought her to them.

The nurse visits the home to urge the parents to consult the family doctor in order that defects of the children may be corrected, to advise physical examinations, to confer with the mother about the diet and general health of the children and the adults. In making these calls many other discoveries dealing with individual and community health are brought to light.

To quote a national authority on public health nursing:

> "The first step in program planning should be a survey or inventory-taking of the area under consideration. This would include the following points: social, economic and educational status of the people; distribution of age groups, race and occupation; stability and concentration of the population; physical factors about the territory, including the area in square miles, the roads and their condition. Knowledge of the vital statistics of the community and of the community facilities which are contributory to the health of the area is essential."

★ IMMUNIZATION FOR PROTECTION

By E. F. HOFFMAN, M.D., *Acting Director*
Bureau of Epidemiology

Immunization is a recognized procedure for the control of certain communicable diseases and the State Board of Health recommends the use of typhoid vaccine, smallpox vaccine and diphtheria toxoid in general clinics for the control of these diseases.

It is urged that individuals who need immunizations obtain them from their private or family physician. The indigents will need to obtain their immunizations from the local health departments. It is recommended, however, that no one be refused an immunization by the health department upon request. In those localities where it is agreed to by the local medical societies, immunizations may be routinely given to all school children not yet immunized. It is recommended that all infants be immunized by the family physician for smallpox and diphtheria before they are 1 year of age.

It is the responsibility of the local health department, with the assistance of local physicians, to maintain a high percentage of immunization protection for its respective area.

The parent or guardian of each child to be immunized at a health center should understand and agree to the giving of whatever immunization procedure is recommended.

No fee is collected for this service when given by the local health department regardless of economic status.

Immunizations for other than smallpox, diphtheria and typhoid fever are not available at the local health departments and should be obtained from a private physician.

THE FOLLOWING ARE THE RECOMMENDED IMMUNIZATION PROCEDURES:

1. Vaccination against smallpox should be obtained for any age during an epidemic but normally at any time between 3 to 12 months of age. Have the vaccination re-

peated every 5 to 7 years if the first vaccination is successful. If not, have it repeated every year until a small scar is obtained and then have it repeated every 5 to 7 years. Every child should have had a successful vaccination prior to entering school.

2. Children should be immunized against diphtheria between 9 and 18 months of age, preferably before the end of the first year. Unless requested it is not recommended that individuals over ten years of age be immunized for diphtheria.

3. A Schick test may be given the child between 18 and 24 months of age by the family physician. If indicated, the physician will then re-immunize the child against diphtheria.

4. If tetanus immunization is desired it may be given between 2 to 6 years separately or combined with diphtheria toxoid.

5. It is not recommended that the scarlet fever immunization be requested routinely and it is not given at the health department conferences. However, it may be obtained from the private physician in case of an epidemic. The possibility of a severe reaction should be thoroughly understood. It is recommended that doctors, nurses, children in orphanages and nursing homes be given scarlet fever immunization.

6. Children should be given the whooping cough (pertussis) vaccine at any age during an epidemic and routinely after 6 months of age and before the end of the first year.

7. Immunization for typhoid fever should be obtained at any age during an epidemic or catastrophe, or when the individual has contact with a known carrier. It should be obtained routinely after two years of age in areas in which typhoid is prevalent, or sanitation facilities are so poor as to be conducive to this infection.

★ LEADING CAUSES OF DEATH

By EDWARD M. L'ENGLE, M.D., *Director*
Bureau of Vital Statistics

The rate at which people die and the causes from which they die vary with the age at death. For instance, the general death rate in Florida in 1941 for persons of all ages was 12.1 per 1,000 population. In the absence of information concerning the total number of persons in the population aged 5 to 14, it is not possible to calculate the death rate for this group. However, from information derived from other sources, it is known that the death rate for this age group is much less than the death rate for the group including all ages.

The five principal causes of death for persons of all age groups as you will see from the tables on the right are (1) heart disease, (2) cerebral hemorrhage, (3) cancer, (4) nephritis, (5) tuberculosis. For the age group 5-14, the five principal causes of death are (1) automobile accidents, (2) accidental drowning, (3) appendicitis, (4) pneumonia, (5) influenza. It is rather shocking to find that automobile accidents and accidental drowning are the leading causes of death among these children. These deaths are for the most part quite unnecessary. They are accidents and accidents do not just happen—they are caused.

When automobile accidents in children of this age group cause death, it is usually, though not always, some one else's fault. Sometimes it is the children's fault because they have not been taught the danger of running into the streets. An examination of certain death certificates where it is possible to learn the cause of the accident shows usually that the children ran in front of an approaching vehicle. A few cases were caused by collisions of bicycles and automobiles and occasionally it is indicated that the fault lay in the careless driving of the operator of the motor vehicle.

Deaths by drowning are almost always preventable. Every child should be taught to swim as soon as he has learned to walk. Most of the deaths in accidental drowning occurred in children while bathing. Usually death was caused by the child's unexpectedly stepping into deep water. If the child had known how to swim, death would not have occurred.

Appendicitis is the third most frequent cause of death in this age group. When Johnny has a stomach ache, the probability is

that Mother will give him a laxative. If the stomach ache happens to be caused by beginning appendicitis, a laxative is distinctly *not* what Johnny needs. A laxative given in such cases may cause rupture of the appendix and ensuing death. Instead, see your doctor and find out what the stomach ache comes from.

Pneumonia and influenza are the next most frequent causes of death. The sulfonamide group of drugs has made pneumonia a less dangerous disease than it formerly was but it is apparent that it is still a disease which should induce parents to seek early treatment when a child shows symptoms which may indicate pneumonia or influenza. We have as yet no specific drug which will cure influenza but early care is essential and it should be remembered that influenza frequently develops into pneumonia.

★ FIVE LEADING CAUSES OF RESIDENT DEATHS, FLORIDA, 1941

RANK	CAUSES	No. of Deaths
	ALL CAUSES	21,438
1.	Heart Disease (all forms)	4,755
2.	Cerebral Hemorrhage	1,995
3.	Cancer (all forms)	1,897
4.	Nephritis (all forms)	1,592
5.	Tuberculosis (all forms)	927
	OTHER CAUSES	10,272

Deaths from the above represent 52% of resident deaths from all causes.

★ FIVE LEADING CAUSES OF RESIDENT DEATHS, FLORIDA, 1941 AGE GROUPS 5-14 YEARS

RANK	CAUSES	No. of Deaths
	ALL CAUSES	378
1.	Automobile Accidents	41
2.	Accidental Drowning	26
3.	Appendicitis	24
4.	Pneumonia (all forms)	22
5.	Infuenza (all forms)	16
	OTHER CAUSES	249

Deaths from the above represent 34% of resident deaths in age group 5-14 years.

TUBERCULOSIS

EARLY CASES of pulmonary tuberculosis have **NO SYMPTOMS**

LATER any one of these **SYMPTOMS** may develop

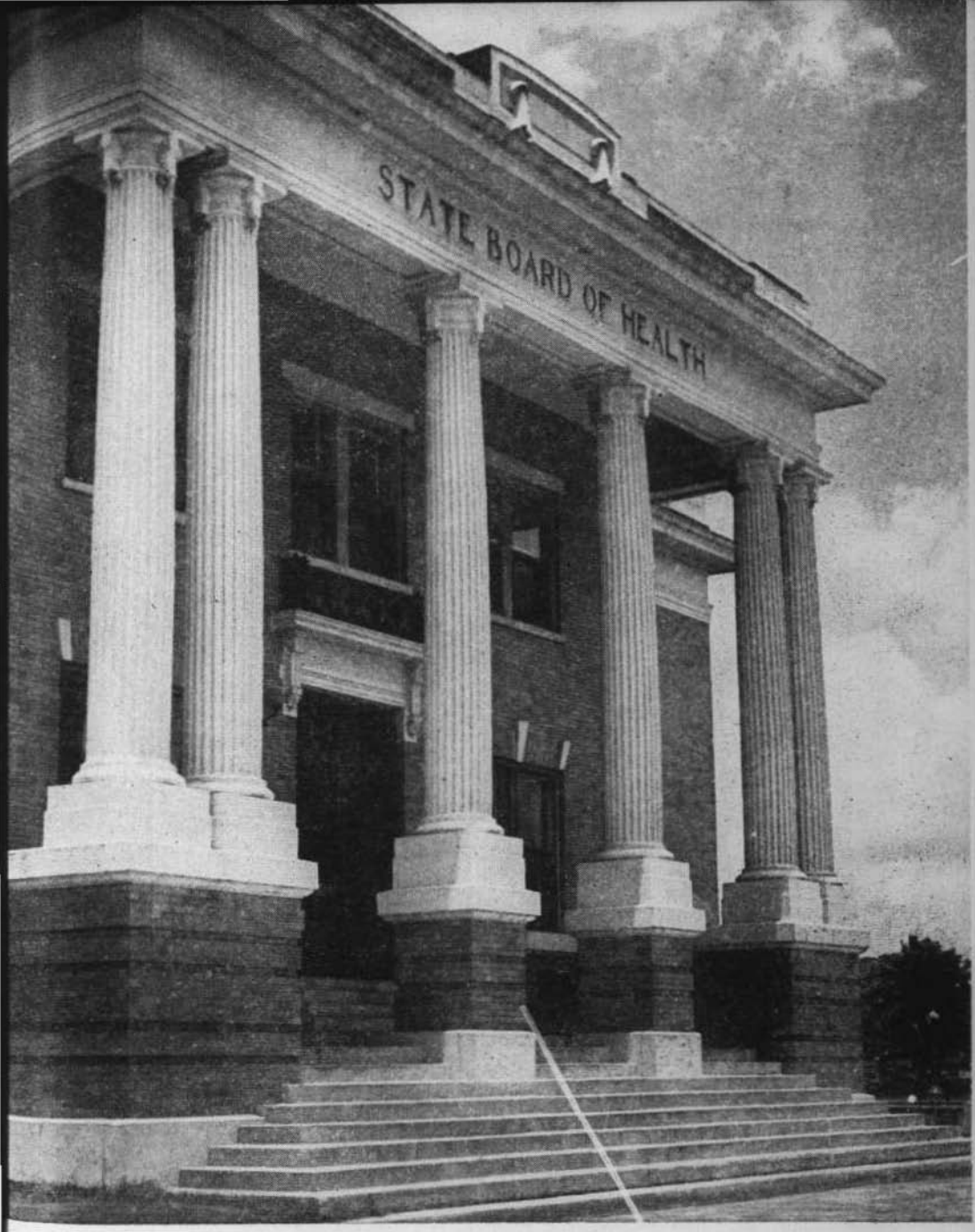
TYPICAL SYMPTOMS

- ★ Loss of strength
- ★ Loss of weight
- ★ Night sweats
- ★ Fever
- ★ Frequent colds
- ★ Cough that hangs on
- ★ Expectoration
- ★ Spitting up blood
- ★ Pleurisy
- ★ Hoarseness of voice
- ★ Indefinite gastric complaints

If you have one or more of these symptoms, consult your physician immediately.

An X-ray of your lungs will reveal if you have pulmonary tuberculosis.

DO NOT DELAY



Florida HEALTH NOTES

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Florida HEALTH NOTES

ESTABLISHED 1890

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Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Gulf	Port St. Joe
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Hillsborough	Tampa
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★ POLICY

By HENRY HANSON, M.D., *State Health Officer*

In the last issue of Health Notes I had a brief statement to the effect that we were resuming a practice of having each bureau director present something of interest from his bureau. I intended in this issue to have a somewhat more complete statement of the present problems of the State Board of Health.

There has been, during the six and one-half years I have been absent, a tremendous growth in the personnel of the State Health Department which presents many problems which the average person does not realize. Added to this we have the war emergency and approximately sixty-three encampments in the state which has created many difficulties in a general distribution of the public health effort.

Some years ago the districts were abandoned which was all right insofar as such measures go. However, when an attempt is made to put county health units into counties, some of which only have 3,000 population, it is rather an indication that somebody became overenthusiastic about the idea of the county health unit program. I am not saying in this article that the county health unit is not the ideal form of health administration, but when one attempts to put in a service of that kind one should first consider whether the counties served have sufficient population to justify putting in a unit. I stated to the Executive Committee of the State-Wide Public Health Committee that such units are not justified unless there is a population of 20,000 to 25,000, and I think that 25,000 should be made the lower limit for county health unit service.

As a result of throwing out the districts we have at least 20 or more counties which, at the present time, have no health service and when the Army takes our medical officers we are often left with counties without any service whatsoever. The only solution to this will be a partial replacement of districts, grouping those counties which at the present time have no service, in such manner that they can be administered either from the central organization or grouped as counties, with some one county chosen as the administrative center.

I am inclined to think that they will have to be administered from the central office.

★ CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPARTMENTS

By A. W. NEWITT, M.D., *Director*
Bureau of Local Health Service

THE PRINCIPLE OF ADEQUATE FUNDS

In the last issue of "Florida Health Notes" I briefly reviewed the background of county health department organizations and stated that there were a number of broad principles which should be applied if such units are to operate successfully.

One of the most important principles is that adequate financial support should be provided in the unit's budget. If adequately trained personnel are available, money will buy services which have been proved to be of great and lasting benefit to the health of all the people in the community. The tools of American industry must be sharp and precisely designed to make the equipment necessary to win this war. Equally important, health departments must be provided with the equipment and means to safeguard and improve the health of our future warriors and to protect the health of the civilian population. The great majority of public health workers have chosen their vocations as a career because of their sincere devotion to service for mankind. This altruism should not be taken advantage of by paying salaries which provide little more than needed for bare existence. Professional public health workers are notoriously underpaid in comparison with other professional people having equal preparation in undergraduate and postgraduate training.

Decent and spacious offices and clinic quarters should be provided in keeping with the dignity and importance of the services rendered instead of the more common gloomy, converted storerooms of court house basements or attics.

The state and federal governments together will assume a maximum of fifty per cent of the local health unit's support. Money from local sources, usually appropriated by the county commissioners and the school board, must make up the other half of the budget. It will be immediately apparent that the adequacy of the program will be directly in proportion to the adequacy of the funds appropriated from

Continued on page 127

★ MICROSCOPIC SERODIAGNOSTIC TEST FOR SYPHILIS ON HEMOLYZED SPECIMENS

By J. N. PATTERSON, M.D., *Director*
Bureau of Laboratories

Hemoglobin, the respiratory pigment that imparts the characteristic color to blood (depending upon its concentration of oxygen) is contained within the red blood corpuscles. When blood clots, all of its particulate matter (red blood corpuscles, white blood cells and platelets) are enmeshed in the fibrin clot. The fluid portion of the blood that separates out, as the clot contracts, is called serum. Normally, blood serum has a clear amber appearance and lends itself readily to macroscopic flocculation tests because any precipitate occurring in this clear fluid may be detected with ease and accuracy by an experienced serologist.

When hemoglobin escapes into the serum it colors and clouds this fluid in direct proportion to the amount of the pigment in solution and subsequent changes in its composition. When the serum becomes deeply colored and cloudy it can no longer be used for macroscopic flocculation tests since formation of floccules or a precipitate can neither be detected with ease nor accuracy.

The escape of hemoglobin from red blood cells into the serum is called "hemolysis" or "laking" and can be produced in a test tube by means of various agents, both physical and chemical. The mechanism by which hemoglobin is released is due either to a rupture of the red blood cell or to an alteration in the permeability of the cell membrane depending upon the specific agent causing this condition.

Some of the more important factors that contribute to the release of hemoglobin from red blood cells are the following:

1. **Hot weather—all animal substances decompose quicker in hot than in cool weather.**
2. **Delay of specimens in reaching the laboratory—(specimens should be sent to the laboratory without fail on day taken).**
3. **Mechanical shaking of specimens in transit.**
4. **Use of improperly prepared syringes, needles and tubes.**
5. **Rough transfer of blood from syringe to tube.**
6. **Contamination of specimen by bacteria.**

There was a marked increase this summer in the number of hemolyzed specimens received in the central laboratory. In an effort to ascertain the cause of this condition we started from the beginning with the preparation of tubes used in submitting specimens and found that the only variation in the technic employed from previous summers was in the re-use of cork stoppers. This could not be avoided since it is practically impossible to obtain new cork stoppers due to military priorities. The corks were thoroughly washed, rinsed and sterilized before reuse and from our investigation was dismissed as the causative factor.

To prevent hemolysis of specimens due to staying in the postoffice longer than necessary, our delivery truck now collects specimens from the West Bay Annex Postoffice (Depot Postoffice) at 10 o'clock each night and early in the morning (daily and Sunday) in addition to our routine collection three times daily at the main postoffice. Specimens received on the late afternoon or early evening trains are placed in the refrigerator over night. All specimens received in our laboratory up until 11 A. M. are examined that day. There is no exception to this rule.

To assist physicians in preventing hemolysis of blood specimens, a form letter setting forth instructions concerning methods to be employed in preventing this condition were sent those physicians submitting hemolyzed specimens.

Although there resulted a considerable decrease in the number of hemolyzed specimens following our increased frequency of collection and more care on the part of physicians in submitting specimens, there still were too many hemolyzed specmens received. We are quite cognizant of the fact that every time a specimen is reported "hemolyzed" the patient will have to undergo the discomfort of having another specimen of blood drawn. In addition it results in additional work and inconvenience to the physician, our laboratory facilities and the postal service. Since it appeared to us that some hemolysis is likely to be with us always, it was evident that to remedy the situation caused by this condition, a test should be found by which hemolyzed specimens might be examined accurately.

We did much experimental work with different serodiagnostic tests for syphilis in an effort to find one that would give satisfactory results on hemolyzed specimens. After considerable work the Mazzini microscopic test was the one chosen since the floccules formed in this test could readily be seen under the microscope even in serum quite highly colored. Since employing this test routinely on hemolyzed specimens we now report less than 1% of all specimens received as being too hemolyzed to read.

This test is now being performed in the central laboratory and in the Tampa and Tallahassee branch laboratories. Shortly the two other branch laboratories in Miami and Pensacola will be equipped to do this test. Since the majority of the specimens received in the central laboratory are sent by mail while only a small portion of that received in the branch laboratories is mailed in, the problem of hemolysis is much more acute in the Jacksonville laboratory.

Since this is a new procedure and since no one can be absolutely certain in at least a percentage of hemolyzed specimens there may not occur some changes which will interfere with the sensitivity or specificity of the test, we report these examinations as one of the following:

- ★ **Specimen so hemolyzed routine tests could not be performed. Microscopic test NEGATIVE.**
- ★ **Specimen so hemolyzed routine tests could not be performed. Microscopic test POSITIVE.**
- ★ **Specimen markedly HEMOLYZED. Microscopic test performed but interpretation impossible.**

Although we are now able to render physicians reports on practically all hemolyzed specimens, every precaution to prevent this condition should be carried out. Specimens not hemolyzed are subjected in our laboratories to two tests of proved merit over a period of years and by workers highly skilled in the performance of those tests. Our laboratory has again been approved for the performance of the Kahn and Eagle tests as a result of its splendid showing in the National Evaluation Study of Serodiagnostic Tests of Syphilis conducted jointly by the United States Public Health Service and the American Society of Clinical Pathologists.

As should be the case in any laboratory examination, if the result of this microscopic serodiagnostic test for syphilis does not agree with the history and physical findings of the patient we urge that another specimen be sent us for repeat examination.

★ NURSES' AIDES

By RUTH E. METTINGER, R.N., *Director*
Bureau of Public Health Nursing

The Army and the Navy are now asking for 3,000 nurses a month. As a result a dangerous shortage of nurses threatens many communities. There are not enough nurses to care for the sick in the hospitals and clinics; and as the war continues and more nurses are called, this deficiency in nursing facilities may reach a serious stage.

As part of the emergency program of the Office of Civilian Defense the American National Red Cross was asked to train 100,000 Volunteer Nurses' Aides. The Red Cross accepted this responsibility as part of its civilian defense program, and the Nurses' Aides Corps was inaugurated the first of the year.

The objective of the Nurses' Aides Corps is to provide trained volunteers to serve as assistants to graduate nurses in hospitals, clinics, and health agencies, or with emergency medical field units. The curriculum which had previously been used was revised to meet national defense needs; the number of hours of instruction was reduced from 100 to 80; and the period of time in which these 80 hours of instruction is given was shortened to seven weeks.

Although the service in the Nurses' Aides Corps is purely voluntary, it is a nursing activity that must maintain the standards and discipline approved by the nursing profession. To carry out this responsibility each local chapter must set up a special Nurses' Aides committee composed of nursing and lay representatives and also the local chief of the Medical Service of the Civilian Defense Council.

The hospitals used as training centers for Nurses' Aides are on the approved list of the American Medical Association and the American College of Surgeons.

Volunteers wishing to enter the Nurses' Aides Corps should be between the ages of 18 and 50; in a satisfactory physical condition; and a high school graduate or have equivalent education. The Aides must have emotional stability, dignity, ability to keep confidences, respect for authority, and willingness to accept direction.

Satisfactory completion of the 80 hour course requires that service must be given without remuneration; this course is not for the purpose of training personnel to be practical nurses or to equip workers who expect to be paid for their services. One hundred and fifty hours of service must be given in each calendar year, preferably in a three-month period. The first 150 hours of service must be spent in hospital wards before assignment is made to clinics and field nursing organizations.

The course is divided into two units

★ Care of the sick in the hospitals
★ Supervised practice in hospitals

The instruction is given under the supervision of a well-qualified, graduate nurse who has been authorized by the American Red Cross. Because of the necessity of close supervision the class is limited to 30. When the worker has satisfactorily completed the required time, a final written examination is given on the work which has been covered during the 80 hour period.

Because the need is growing greater and the Nurses' Aides will probably be called upon more and more to render a vital service to their country, the local Red Cross chapters are eager to complete as many classes as possible within the next few months.

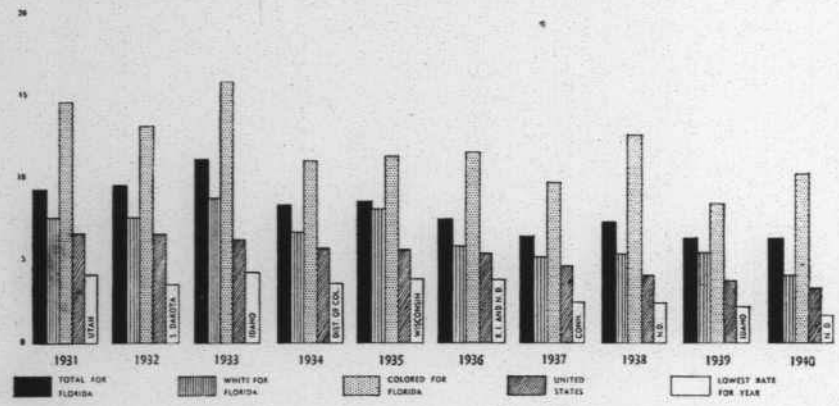
Applicants need not hesitate to become members of the Nurses' Aides Corps if they cannot leave their own communities. They will be needed in their own communities and should be prepared to give generously of their time. Those who have leisure time and meet the above qualifications should get in touch with their local Red Cross chapter.

★ MIDWIVES AND MATERNAL MORTALITY

By R. C. HOOD, M.D., *Director*
Bureau of Maternal and Child Health

In the calendar year 1940*, 215 women of Florida died from conditions associated with childbirth. This is at a rate of 64.8 per 10,000 live births—a rate next to the highest in the United States and exceeded only by the state of South Carolina. The rate for the United States for the same year was 37 per 10,000 and for the state of North Dakota which had the lowest rate, only 17 per 10,000.

★ MATERNAL MORTALITY RATES PER 1,000 LIVE BIRTHS 1931-1940



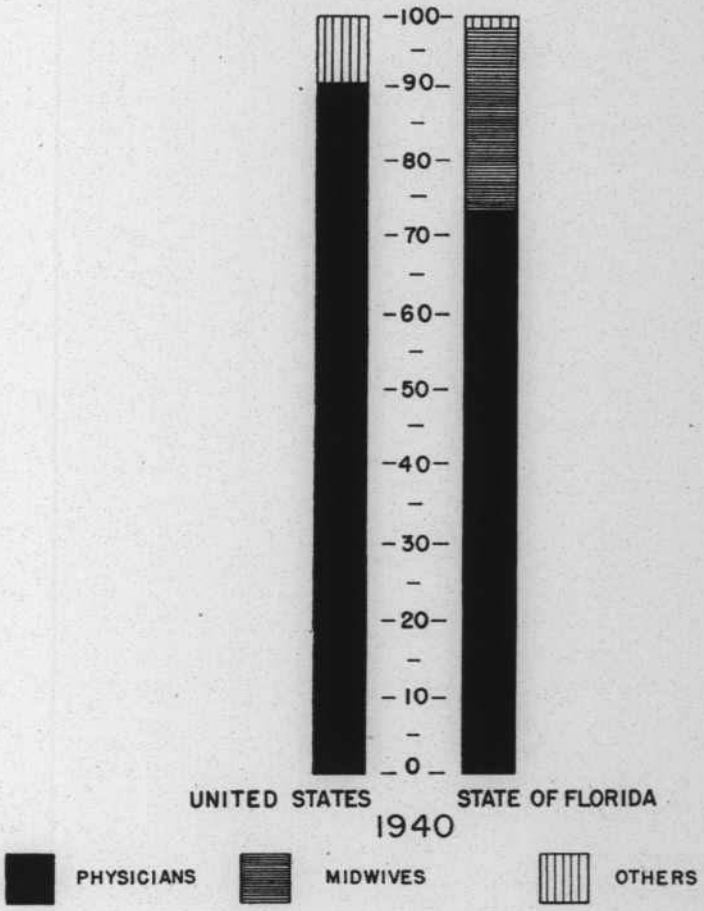
The rate for white mothers in Florida was 50 and for Negro mothers, 98. It is apparent that the high death rate from conditions associated with childbirth occurs principally in the Negro race.

*Figures are not available for 1941.

Why do so many mothers die at childbirth? There are many reasons, but among the most important are:

- ★ **Poverty**
- ★ **Ignorance**
- ★ **Lack of physicians with obstetrical training**
- ★ **Lack of hospitals for care of maternity patients**
- ★ **Lack of proper prenatal care**
- ★ **Failure on the part of the public to realize the importance of safeguarding the lives of mothers at childbirth and providing funds for care.**

★ ATTENDANT AT BIRTH—RATE PER 10,000 LIVE BIRTHS (RESIDENT BIRTHS)—1940



In the United States during 1940, over 90 per cent of all mothers were delivered by physicians. In Florida 73 per cent of the white mothers were delivered by physicians, 25 per cent by midwives, and 2 per cent by other non-medical persons. In the same year 28 per cent of the Negro births in Florida were delivered by physicians, 70 per cent by midwives, and 2 per cent by other non-medical persons. It is believed that this high percentage of delivery by midwives in Florida has a direct relationship to the high mortality rates of childbirth.

Because of low incomes, poor living conditions, and the lack of physicians, especially in rural areas, many families are compelled to seek the only assistance available at the time of delivery—too often an untrained midwife. Also, very often the custom of the community is to rely on the midwife for assistance.

In an attempt to improve obstetrical care for indigent and low income families, the State Board of Health has exercised some supervision over the practice of midwifery for a number of years and has attempted, with a limited staff, to give instruction to midwives through training institutes, direct demonstrations, and educational materials. At the present time a number of graduate Negro public health nurses are at Tuskegee Institute, Alabama, for training in midwifery. These nurses will return to Florida to assist in areas where their services are most needed. It is planned to send more as soon as funds are available.

Regulations and Registration of Midwives. In March 1942 under the authority granted it by the Legislature, the State Board of Health approved rules and regulations for midwives. These regulations define the conditions under which persons are authorized to practice midwifery, give instruction concerning licensing and registration and fix the penalty for violations. Under these regulations, for the first time, midwives are given specific instructions concerning practice and also the limitations under which they are permitted to practice.

At the time the regulations were promulgated, the State Board of Health discontinued the practice of requiring a fee for the annual license and registration of midwives; therefore, there is now no valid excuse for failure to make proper application for a license to practice midwifery. Application forms and copies of the Midwife Regulations are available on request to the State Board of Health.

Continued on page 127.

★ THE MOBILE X-RAY UNIT

By LYNNE E. BAKER, M.D., *Director*
Division of Tuberculosis

The Mobile X-ray Unit of the Division of Tuberculosis, State Board of Health, was designed to x-ray large groups of people in which the tuberculosis rate is high. Most of these people would otherwise be unable to obtain a chest film.

In some counties, also, x-rays are taken on groups who are in contact with the public and who would be particularly dangerous in spreading the disease should any of them have active pulmonary tuberculosis.

It is very important that the x-ray program be discussed with the County Medical Society. The physicians are thoroughly acquainted with the local health problems and can give invaluable assistance in ascertaining the groups to be included in the x-ray survey. Likewise, they can determine the groups who are eligible for an x-ray by the mobile unit.

Every county should have a year-round case-finding program.

Intimate contacts of active cases of pulmonary tuberculosis as well as tuberculous suspects should be x-rayed immediately, and certainly not wait weeks or months until the mobile x-ray unit is in the county. The mobile unit should only supplement the regular, year-round case-finding program.

In general, most of the undetected cases of active pulmonary tuberculosis in any community will be found in the adult groups. Since the purpose of the x-ray survey is to find as many active cases of pulmonary tuberculosis as possible, and not to see how many films can be taken, most of the people to be x-rayed should be in the older age groups.

It has been found from experience that children under five years of age cannot successfully be x-rayed with the mobile x-ray equipment. Therefore, these younger children should be excluded from the survey.

continued following page

Finally, it should be mentioned that a mass x-ray survey is used as a screening process only. No final diagnoses are made from the miniature films used.

Every case whose miniature film is interpreted as suspicious of active pulmonary tuberculosis must be studied further by one of the local physicians to determine definitely if active pulmonary tuberculosis is present. This follow-up work should include a history and physical examination, as well as a conventional 14" x 17" x-ray film, and sputum examinations for tubercle bacilli.

Unless the essential follow-up work is done immediately, there is no point in bringing the mobile x-ray unit to a county.

The interpretations on the miniature films are returned to the county within two weeks after the program has been completed. Within another month, all the follow-up work should be done, including the large films. Only by immediate action is it possible to place all of the active cases found under treatment, and at the same time obtain films on the household contacts who have not previously been x-rayed.

The following is the schedule for the mobile unit from September 14, 1942 until June 1, 1943. There may be a few additions to this schedule when arrangements have been definitely completed.

SCHEDULE

1942	COUNTY	1943	COUNTY
Sept. 14-19	Seminole	Jan. 11-23	Duval
Sept. 23-Oct 3	Polk	Jan. 25-27	Hamilton
Oct. 8-12	Highlands	Jan. 28-Feb. 3	Madison
Oct. 13	Glades	Feb. 4-6	Jefferson
Oct. 16-17	Okeechobee	Feb. 8-12	Gadsden
Oct. 19-20	St. Lucie	Feb. 15-20	Jackson
Oct. 21-22	Indian River	Feb. 22-23	Calhoun
Oct. 23-24	Martin	Feb. 24-27	Walton
Oct. 26-31	Palm Beach	Mar. 1-3	Okaloosa
Nov. 2-6	Broward	Mar. 4-6	Santa Rosa
Nov. 9-21	Dade	Mar. 8-13	Bay
Nov. 23-24	Monroe	Mar. 15-16	Gulf
Nov. 27-Dec. 3	Volusia	Mar. 17-18	Franklin
Dec. 4-7	Clay	Mar. 19-20	Wakulla
Dec. 8-9	Bradford	Mar. 22-Apr. 3	Leon
Dec. 10-12	Baker	Apr. 12-17	Taylor
Dec. 14-18	Nassau	Apr. 19-24	Pinellas

1943	COUNTY	1943	COUNTY
Apr. 26-May 1	Hillsborough	May 18-26	Levy
May 3-8	Lake	May 27-28	Gilchrist

Criteria for Successful Local Health Departments—Continued from page 116

local sources. If salaries are to be increased, if additional personnel are to be added, or a new health center is needed, the first move is up to the local appropriating bodies. A year is a long time to look ahead in these changing times, and local appropriating agencies should set up a contingent fund for the health department just as it does for the other items in their budgets. It is high time that the county health department be given the same consideration as other county agencies and not treated as an unwanted step child.

The old adage "you only appreciate what you pay for" aptly applies to health departments. The most successful and outstanding health departments in this country are those substantially financed. Their most enthusiastic supporters are the proud members of the local boards who point to results accomplished and made possible by their liberal and enthusiastic support.

Midwives and Maternal Mortality—Continued from page 122.

The proper supervision of midwives should result in lowering the maternal mortality rates for Florida. Every person in Florida who is interested in the welfare of mothers can and should help by insisting that all midwives in every community register annually and obtain a license from the State Board of Health.

Complete registration and regulation of midwives will make it possible to help the hundreds of Florida mothers who are delivered by midwives. Through the registered, licensed midwife it will be possible to reach the patient, the mother who needs care—not only before the baby comes and at delivery, but also after the baby is born.

★ "PENNY MILK" COMES TO FLORIDA

By VERA WALKER, *Nutrition Consultant*
Bureau of Maternal and Child Health

The virtues of milk as a food for children have been extolled by practically everyone who has written on the subject of nutrition. The value of milk is well recognized; but there are many children who do not have enough milk to drink, and some who never have it in any form.

In order to make it possible for more children to drink milk and also to help the producer to dispose of a surplus, the Agricultural Marketing Administration has set up a plan which is popularly known as "Penny Milk."

Under this program a recognized local agency, such as a County Board of Public Instruction, buys milk from local producers and arranges for its distribution in the schools. The price of the milk to the children is one cent or less (but not more) per half pint. The Agricultural Marketing Administration then reimburses the local organization to the extent of the prevailing price for bulk raw milk. If the one cent per half pint which the children pay is not sufficient to cover the cost of the processing and distribution, the local agency which sponsors the program pays the difference.

The School Milk Program has been in operation for some time in many northern areas. Parents and children in Florida are glad to hear that it is now being extended to our state. The opportunity to participate is being given first to counties with a population of ten thousand or less. It may be possible for larger communities to participate later.

The Agricultural Marketing Administration has cooperated closely with the State Board of Health. In presenting the "Penny Milk" plan, it has been carefully pointed out that the sources of the milk, the methods of handling, and the product itself must conform to the regulations of the State Board of Health.

The School Milk Program, in making possible safe milk at low cost, can do much toward improving the health of our school children.

★ MALARIA IN FLORIDA-STATISTICS

By EDWARD M. L'ENGLE, M.D., *Director*
Bureau of Vital Statistics

It is generally agreed among malariologists that the prevalence of malaria is cyclical. This cycle is believed to take from six to ten years for its accomplishment. If prevalence of this disease is determined by mortality, malarial deaths occurring in Florida for the eleven years 1931 to 1941, inclusive, shown in the accompanying table, illustrate the cyclical nature of this infection. In 1931, we were on the up-grade of the cycle which reached its highest point in 1934. There has been a gradual decrease in the malarial death rate since 1934 when the rate was 28.1 to 1941 when the rate was 4.4. So far in 1942, the number of deaths shows a continued decrease so that we are probably just about at the low point of the cycle. Just what causes this phenomenon is not clearly known. Weather conditions undoubtedly have some effect but there are in addition other influences, the nature of which still requires study. The mortality rate is shown to be much higher for the colored race than for the white race.

The tables given below show the relative standing of Florida and five other southern states in malarial mortality. It will be seen that from 1933 to 1936, inclusive, Florida stood second or third among these states. In 1937, Florida's relative position began to improve so that in 1940, Florida was fourth. Relative data for 1941 are not available.

★DEATHS FROM MALARIA AND RATES PER 100,000 POPULATION, BY COLOR, FLORIDA, 1931-1941.

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
1941	85	4.4	30	2.2	55	10.6
1940	99	5.2	40	2.9	59	11.4
1939	112	6.0	50	3.7	62	12.2
1938	166	9.2	72	5.6	94	18.9
1937	205	11.8	100	8.0	105	21.5
1936	349	20.8	158	13.2	191	39.9
1935	331	20.4	196	17.0	135	28.8
1934	445	28.1	235	20.9	210	45.5
1933	373	24.0	207	18.8	166	36.8
1932	233	15.2	123	11.4	110	24.6
1931	205	13.6	109	10.2	96	21.7

★DEATHS FROM MALARIA AND RATES PER 100,000 POPULATION BY COLOR, FLORIDA, 1931-1941

COUNTIES	TOTAL		WHITE		COLORED	
	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE
State	85	4.4	30	2.2	55	10.6
Alachua	1	2.6	0	—	1	6.3
Baker	0	—	0	—	0	—
Bay	1	4.8	1	6.0	0	—
Bradford	0	—	0	—	0	—
Brevard	0	—	0	—	0	—
Broward	2	4.9	1	3.8	1	7.0
Calhoun	1	12.2	0	—	1	80.5
Charlotte	0	—	0	—	0	—
Citrus	1	17.1	1	24.0	0	—
Clay	2	30.9	0	—	2	115.3
Collier	0	—	0	—	0	—
Columbia	1	5.9	0	—	1	15.3
Dade	1	0.4	1	0.5	0	—
DeSoto	0	—	0	—	0	—
Dixie	2	28.2	0	—	2	64.7
Duval	5	2.4	2	1.4	3	4.3
Escambia	4	5.3	0	—	4	22.5
Flagler	0	—	0	—	0	—
Franklin	0	—	0	—	0	—
Gadsden (Ex.)	2	7.4	0	—	2	12.6
State Hospital	0	—	0	—	0	—
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	1	14.0	0	—	1	40.8
Hamilton	1	10.2	0	—	1	24.2
Hardee	0	—	0	—	0	—
Hendry	0	—	0	—	0	—
Hernando	1	17.7	0	—	1	62.5
Highlands	0	—	0	—	0	—
Hillsboro	2	1.1	2	1.3	0	—
Holmes	3	19.4	3	20.4	0	—
Indian River	0	—	0	—	0	—
Jackson	3	8.7	0	—	3	24.2
Jefferson	6	49.9	0	—	6	74.9

CONTINUED ON PAGE 132

★ MALARIA DEATH RATES PER 100,000 POPULATION FOR CERTAIN SOUTHERN STATES, 1933-1940

1940

STATES	RATES
Mississippi	8.0
Alabama	7.3
South Carolina	6.2
FLORIDA	5.2
Louisiana	3.7
Georgia	3.4

1939

Mississippi	10.7
South Carolina	8.9
Alabama	7.1
FLORIDA	6.0
Louisiana	4.8
Georgia	3.6

1938

Mississippi	13.5
South Carolina	11.5
FLORIDA	9.2
Louisiana	8.7
Alabama	7.8
Georgia	6.6

1937

Mississippi	15.4
South Carolina	14.1
FLORIDA	11.8
Louisiana	8.4
Georgia	7.8
Alabama	7.6

1936

STATES	RATES
South Carolina	23.4
FLORIDA	20.8
Georgia	20.0
Mississippi	18.0
Alabama	12.2
Louisiana	11.7

1935

Mississippi	26.4
South Carolina	23.4
FLORIDA	20.4
Louisiana	17.0
Georgia	12.6
Alabama	11.4

1934

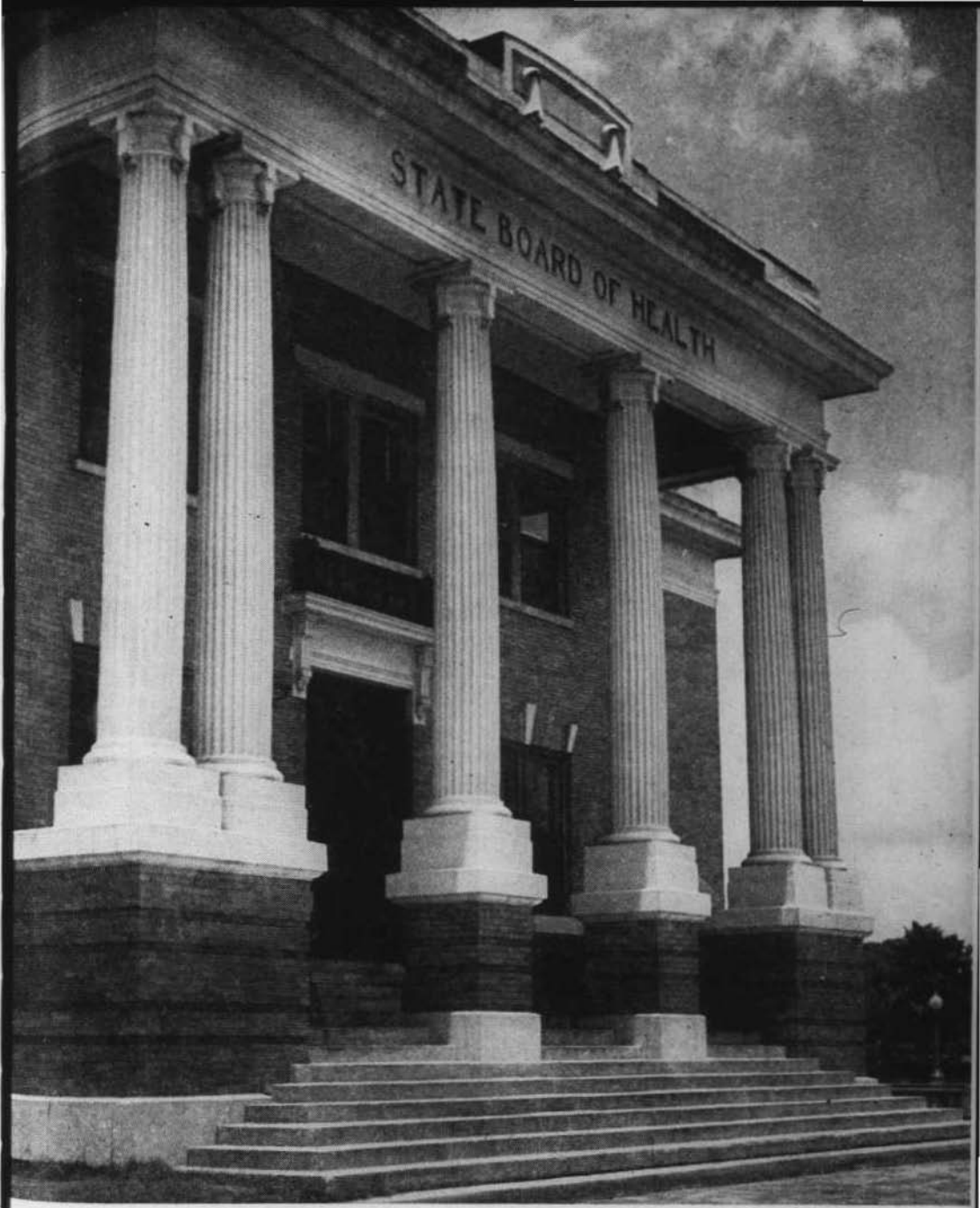
Mississippi	34.3
FLORIDA	28.1
South Carolina	19.4
Louisiana	17.1
Georgia	13.6
Alabama	10.4

1933

Mississippi	40.2
FLORIDA	24.0
Louisiana	20.2
South Carolina	13.5
Georgia	12.3
Alabama	9.6

★ DEATHS FROM MALARIA AND RATES PER 100,000 POPULATION BY COLOR AND BY COUNTIES, FLORIDA, 1941 (Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE
Lafayette	0	—	0	—	0	—
Lake	1	3.7	1	5.1	0	—
Lee	1	5.7	0	—	1	25.1
Leon	6	18.8	2	12.7	4	24.8
Levy	2	15.9	0	—	2	41.4
Liberty	1	26.7	0	—	1	108.1
Madison	4	24.7	2	23.6	2	25.9
Manatee	1	3.8	0	—	1	14.5
Marion	2	6.4	0	—	2	14.7
Martin	0	—	0	—	0	—
Monroe	0	—	0	—	0	—
Nassau	0	—	0	—	0	—
Okaloosa	0	—	0	—	0	—
Okeechobee	0	—	0	—	0	—
Orange	1	1.4	1	1.9	0	—
Osceola	0	—	0	—	0	—
Palm Beach	0	—	0	—	0	—
Pasco	0	—	0	—	0	—
Pinellas	0	—	0	—	0	—
Polk	1	1.2	1	1.5	0	—
Putnam	1	5.3	1	9.2	0	—
St. Johns	0	—	0	—	0	—
St. Lucie	1	8.3	1	12.7	0	—
Santa Rosa	1	6.2	1	7.1	0	—
Sarasota	0	—	0	—	0	—
Seminole	2	9.0	0	—	2	18.6
Sumter	7	63.1	2	25.0	5	162.0
Suwannee	1	5.9	1	8.6	0	—
Taylor	1	8.6	1	12.6	0	—
Union	1	14.1	1	19.9	0	—
Volusia	5	9.3	1	2.6	4	27.1
Wakulla	1	18.3	0	—	1	54.2
Walton	4	28.0	3	24.4	1	50.3
Washington	0	—	0	—	0	—



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Florida HEALTH NOTES

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ACCREDITED HEALTH UNITS

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
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★ WAR—AND THE FAMILY'S FOOD

By VERA WALKER, *Nutrition Consultant*
Bureau of Maternal and Child Health

Americans have been told that ours is the best-fed nation in the world. This is probably true. The fact remains though, that we are not fed well enough. A study of American families made in relatively good financial years showed that only one-fourth of them had diets that could be regarded as good. More than one-third of them had diets that were poor in quality. That was the situation in peace-times.

What effect will the war have? As food becomes more scarce and costly, can America remain the "best-fed nation in the world?" As rationing restrictions tighten, what effect will they have on the adequacy of the family's food?

The rationing of sugar was a nutritional blessing. What about meat? Most families in the higher wage brackets are accustomed to eating more meat than they actually need, but many families with low incomes customarily eat too little protein for adequate protection. To change from steak and chops to pot roast and stew-beef is no real hardship. But what can the families do who have always been in the "pot rost and stew-beef" class? There are cheaper equivalents.

Fish is available and relatively cheap throughout most of Florida; it should be eaten often. Dried beans and peas are good sources of protein which can be used in place of meat, if milk and eggs are eaten also. Two servings of beans, or a serving of beans and a cup of milk supply the protein of a serving of meat. Cottage cheese is an economical protein food—one-third of a cup contains as much protein as a serving of meat. Milk, especially evaporated or dry-skim, is a more economical source of protein than most meat. A quart daily supplies approximately half the protein needed by an adult, or one-third to one-half the protein needed by an adolescent boy or girl.

Oatmeal and whole wheat cereal can be used in place of commercially prepared ready-to-eat cereals. The cereals that require cooking are not only cheaper, but are more nutritious than most of the prepared cereals.

Families can be well-fed despite rationing if they will follow the daily food guide recommended by the Nutrition Division of the National Research Council.

MILK — A pint for each adult; a quart for every child.
FRUIT — Two servings daily; one should be citrus or tomato.

VEGETABLES — Two servings other than potatoes; one should be green or yellow.

MEAT — One serving; or its equivalent in fish, beans, peas, peanut butter, eggs, or milk products.

EGGS — At least three a week.

BREAD and **CEREALS** — Three servings; they should be either whole grain or enriched.

BUTTER or fortified **OLEOMARGARINE** — At every meal.

SWEETS and other foods to satisfy the appetite and complete the daily needs.

A diet need not be elaborate to be adequate. Frequently, a simple, low-cost diet based on whole grain cereals, milk, and vegetables supplies more of the food essentials than an expensive diet rich in "made dishes" and desserts.

It is everyone's duty to be as well-fed as possible. We need greater vitality in order to perform our work well, and maintain morale. We must develop a healthy new generation to replace the men and women lost in service. We can be well-fed even though we have to do without certain foods, if we replace those foods wisely.

★ CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPARTMENTS

By A. W. NEWITT, M. D., *Director*
Bureau of Local Health Service

Health Department Jurisdiction

The most successful local health departments are those whose jurisdictions comprise the whole of an average sized county, with a population exceeding 25,000 people. In this day of rapid transportation, the time consumed in travel to any place in such a jurisdiction is not excessive. There are serious disadvantages where two or more jurisdictions exist within a county. These are instances where a city maintains its own health department. In outbreaks of communicable diseases, which of course, recognize no boundaries, such division of authority is a great handicap to both such departments in applying control measures. The larger cities have had a city health department many years before the county unit came in vogue, and they are usually reluctant to transfer public health supervision to the county. However, since the city cannot expand its jurisdiction beyond its boundaries, many of them are now consolidating with the county in the interests of economy and efficiency. The first such consolidation in Florida is now in the process of organization in Dade County.

Health units composed of 2, 3 or 4 counties are organized to serve rural areas where the population and resources of such counties are not sufficient to justify a single county department. This combination of two or more counties is called a district health department. While there are some difficulties encountered in the administration of health services in a district, mainly because of distance that must be traveled, this type of unit is the only practical method of providing health services to strictly rural areas.

It is impractical and uneconomical to operate any kind of a health unit unless the population to be served is in the neighborhood

Continued page 143

★ EPIDEMIOLOGY

By E. F. HOFFMAN, M. D., *Acting Director*
Bureau of Epidemiology

The study of the cause and spread of preventable diseases such as malaria, typhoid fever, typhus fever, diptheria, whooping cough, measles and smallpox, is one of the major functions of the Bureau of Epidemiology. It is the responsibility of this bureau, under the direction of the State Health Officer, to initiate and supervise the carrying out of a state-wide program for the control of these diseases.

As in any other field of endeavor, it is necessary for the director to know his field of activity and the problems which are constantly developing. As an epidemiologist physician, he is responsible for the investigation of the presence (diagnosis), extent, source (carrier, water, food, air, etc.) and control of an epidemic or outbreak of any disease. In this effort he must, of necessity, rely upon the records of past experiences and upon the constant reporting of the current communicable diseases by the attending physicians through their local health departments.

The Bureau of Epidemiology, State Board of Health, can only be as effective in its function as the degree of cooperation from the private practitioner, the local health departments, and the consultation services from the other bureaus and divisions of the State Board of Health, affords.

Private physicians are required by law to report all cases of communicable diseases in their practice and other illnesses of public health importance. A newer provision in the law also requires that all laboratory findings indicative of such diseases, obtained in a physician's office, private laboratory, or the state laboratories, shall be reported to this bureau. Communicable diseases may also be reported by nurses, teachers, local registrars of births and deaths, and other concerned private individuals, but these reports should be verified by the local epidemiologist (Director of Local Health Service or his representative) before they can be accepted as bonafide reports to be recorded locally and at this bureau.

These are important services which can be rendered to the cause of public health. The reporting of disease incidence by pri-

vate physicians is one of the most important assets of the Bureau of Epidemiology and is indispensable in the investigation and institution of disease control measures. This is a cooperative effort which will do much toward the eradication of preventable diseases.

The disease incidence figures obtained from physicians' reports are used as a basis of epidemiological studies. The conclusions tabulated by the State Board of Health staff, are used as a basis of communicable disease control program planning.

Local health departments contributing to this effort are encouraged to utilize the beneficial results of these studies which help them to judge which diseases are most prevalent and what measures are needed to control them.

A study of reporting in this state shows that there has been a steady increase in the reporting of communicable disease (morbidity reports). In 1931, ten years ago, there were 16,312 cases reported. Last year (1941) 51,288 cases were reported showing an increase of 35,176 cases reported.

An effort will be made through talks to medical societies, through private interviews, and through the submission of weekly and annual lists of reported diseases to further encourage physicians to report communicable diseases to the Bureau of Epidemiology. Periodic reports of the studies made of current outbreaks or epidemics of communicable diseases will also be made available.

★ **During the past 18 months there has been a large increase in work done by the Venereal Disease Clinics throughout the State. There are now 139 clinics in operation in 53 counties (fourteen counties still have no clinic facilities for the treatment of venereal diseases). During August, 1942, a total of 20,344 persons infected with syphilis received treatment in the public clinics of the State, and 2,205 persons infected with gonorrhea. By contrast in February, 1941 (see Health Notes, Feb. 1941), 87 clinics were in operation, and 8,843 persons received treatment for syphilis. The number of cases of gonorrhea being treated was not stated. The figures given in the tables following are for the purpose of showing the venereal disease problem in the various counties (see number of infected registrants), and the number of persons being treated so that comparisons may be made between the various counties. Many counties can well be proud of the amount of work being done. It is hoped that others may be stimulated to do more by the example of their neighbors.**

WILSON T. SOWDER, *Passed Assistant Surgeon, United States Public Health Service*
Director, Division Venereal Disease Control

VENEREAL DISEASE CLINIC ACTIVITIES, FLORIDA, FOR AUGUST 1942 BY COUNTIES; ALSO POPULATION BY COLOR AND NUMBER OF SELECTIVE SERVICE REGISTRANTS WITH POSITIVE TESTS FOR SYPHYLIS FROM BEGINNING OF DRAFT THROUGH AUGUST 1942

(Continued)

COUNTY	WHITE				COLORED				TOTAL				REMARKS
	Population Census-1940	No. Selectees Positive Through August	No. Cases Treated August		Population Census-1940	No. Selectees Positive Through August	No. Cases Treated August		Population Census-1940	No. Selectees Positive Through August*	No. Cases Treated** August		
			SYPHILIS	GONORRHEA			SYPHILLIS	GONORRHEA			SYPHILLIS	GONORRHEA	
Alachua	22623	34	23	0	15984	315	386	14	38607	349	409	14	
Baker	4999	1	7	1	1511	17	60	7	6510	18	67	8	
Bay	16465	58	81	10	4220	111	287	34	20686	169	368	44	
Bradford	6490	23	56	29	2227	67	322	48	8717	90	378	77	
Brevard	10871	11	0	0	5256	123	0	0	16142	134	0	0	No Clinic.
Broward	25822	49	24	7	13946	495	224	16	39794	547	248	23	
Migratory Camp	—	—	0	0	—	—	90	3	—	—	90	3	
Calhoun	6975	18	0	0	1243	12	0	0	8218	32	0	0	No Clinic.
Charlotte	2990	10	13	0	673	30	72	0	3663	40	85	0	
Citrus	4149	7	0	0	1697	45	0	0	5846	52	0	0	No Clinic.
Clay	4733	7	4	1	1735	36	92	11	6468	43	96	12	
Collier	3279	6	0	0	1631	125	0	0	5102	131	0	0	No Clinic.
Columbia	10352	21	0	0	6507	102	0	0	16859	123	0	0	No Clinic.
Dade	217909	354	181	5	49518	1903	1391	44	267739	2271	1572	49	
DeSoto	6198	13	0	0	1593	43	0	0	7792	59	?	?	Clinic Organized No Report Yet.
Dixie	3973	13	0	0	3045	96	0	0	7018	111	0	0	Clinic Organized No Report Yet.
Duval	141571	382	237	60	68459	2208	2416	456	210143	2600	2653	516	
Brewster Hospital	—	0	0	0	—	—	178	28	—	—	178	28	
Escambia	57036	120	105	27	17570	360	360	38	74667	480	465	65	
Flagler	1669	1	0	0	1334	22	0	0	3008	23	0	0	Clinic Organized No Report Yet.

Franklin	3994	13	22	1	1996	34	85	9	5991	47	107	10	
Gadsden	13939	7	7	0	17503	130	185	2	31450	138	137	2	
Gilchrist	3612	1	7	2	638	15	64	0	4250	16	16	2	
Glades	1691	5	3	0	912	74	153	1	2745	79	79	1	
Gulf	4566	15	17	1	2385	61	177	1	6951	77	76	2	
Hamilton	5659	10	6	0	4119	73	134	23	9778	83	83	23	
Hardee	9433	13	0	0	725	16	0	0	10158	29	0	0	Clinic Organized No Report Yet.
Hendry	3370	11	1	0	1760	135	183	7	5237	146	184	7	
Hernando	4044	6	0	0	1596	50	0	0	5641	56	0	0	No Clinic.
Highlands	7302	13	3	1	1944	108	232	4	9246	122	235	5	
Hillsborough	148528	239	490	12	31577	970	1810	194	180148	1213	2300	206	Cases Under Tr. Estimated from previous Reports.
Holmes	14681	26	0	0	766	32	0	0	15447	58	0	0	No Clinic.
Indian River	6288	13	0	0	2669	102	0	0	8957	115	0	0	Clinic but No Rpt.
Jackson	22019	30	55	?	12408	125	281	?	34428	157	336	?	
Jefferson	4025	9	8	0	8007	65	289	12	12032	74	297	12	
Lafayette	3971	1	0	0	434	9	0	0	4405	10	0	0	No Clinic.
Lake	19653	24	14	5	7602	260	535	22	27255	284	549	27	
Lee	13530	14	26	65	3953	140	517	50	17488	156	543	115	
Leon	15540	29	28	62	16106	317	534	392	31646	347	562	454	
Levy	7719	13	22	0	4831	117	582	9	12550	130	604	9	
Liberty	2827	3	0	0	925	7	0	0	3752	10	0	0	No Clinic.
Madison	8460	12	11	0	7730	120	227	8	16190	133	238	8	
Manatee	19212	30	?	?	6885	200	?	?	26098	231	472	9	Reports Delayed.
Marion	17572	21	0	0	13671	93	0	0	31243	115	0	0	No Report.
Martin	4043	4	0	0	2239	64	15	0	6295	69	15	0	
Monroe	11513	21	11	3	2536	49	52	11	14078	73	63	14	
Nassau	7185	11	7	2	3634	102	278	4	10826	110	285	6	
Okaloosa	11747	22	41	8	1144	22	95	5	12900	44	136	13	
Okeechobee	2441	2	0	0	556	17	0	0	3000	19	0	0	No Clinic.
Orange	53132	62	64	17	16940	435	899	68	70074	497	963	85	
Osceola	8046	10	0	0	2061	109	0	0	10119	120	0	0	No Report.
Palm Beach	51580	96	16	0	28380	1165	556	75	79989	1269	572	75	
Migratory Camp			17	0			342	26			359	26	
Pasco	11705	18	0	0	2273	69	0	0	13981	87	0	0	No Clinic.
Pinellas	75672	64	66	0	16137	483	683	1	91852	547	749	1	
Polk	68147	67	46	4	18516	498	366	6	86665	567	487	10	
Co. Hospital			14	0			61	0			75	0	
Putnam	10809	13	0	0	7885	204	0	0	18698	217	0	0	Clinic Organized
St. Johns	12951	24	0	0	7056	112	0	0	20012	136	0	0	No Report Yet.
St. Lucie	7791	16	2	0	4079	191	23	1	11871	208	25	1	
Santa Rosa	14143	19	23	2	1942	35	44	1	16085	54	67	3	

CONTINUED ON FOLLOWING PAGE

VENEREAL DISEASE CLINIC ACTIVITIES, FLORIDA, FOR AUGUST 1942 BY COUNTIES; ALSO POPULATION BY COLOR AND NUMBER OF SELECTIVE SERVICE REGISTRANTS WITH POSITIVE TESTS FOR SYPHYLIS FROM BEGINNING OF DRAFT THROUGH AUGUST 1942

(Continued)

COUNTY	WHITE				COLORED				TOTAL				REMARKS
	Population Census-1940	No. Selectees Positive Through August	No. Cases Treated August: SYPHILIS	No. Cases Treated August: GONORRHEA	Population Census-1940	No. Selectees Positive Through August	No. Cases Treated August: SYPHILLIS	No. Cases Treated August: GONORRHEA	Population Census-1940	No. Selectees Positive Through August*	No. Cases Treated** August: SYPHILLIS	No. Cases Treated** August: GONORRHEA	
Sarasota	12526	53	28	22	3574	239	462	31	16106	292	490	53	
Seminole	11550	7	10	0	10751	193	0	0	11041	83	0	0	No Clinic.
Sumter	7961	7	0	0	3079	73	534	18	22304	200	544	18	
Suwannee	11585	4	0	0	5487	58	0	0	17073	62	0	0	Clinic now being Organized.
Taylor	7881	12	5	14	3684	87	91	4	11565	99	96	18	
Union	5029	6	0	0	2064	23	0	0	7094	29	0	0	No Clinic.
Volusia	38905	57	23	2	14787	339	487	16	53710	397	510	18	
Wakulla	3617	2	6	0	1844	31	118	0	5463	33	124	0	
Walton	12251	22	36	1	1995	26	98	1	14246	48	134	2	
Washington	10037	17	0	0	2264	30	0	0	12302	47	0	0	No Clinic.
St. Institutions											646	0	
TOTALS	1381986	2322	2185	396	514198	14017	17687	1800	1897414	16423	20344	2205	

NOTE: * Includes those whose color not stated.

** Selective Service figures for gonorrhea not available.
Other Venereal Diseases treated—Total 151 cases.

DIVISION OF VENEREAL DISEASE CONTROL

WILSON T. SOWDER, *Passed Assistant Surgeon, U.S.P.H.S., Director*

CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPTS. Continued from page 137

of 25,000. The law requires that a minimum staff consisting of a health officer, public health nurse, sanitarian, and clerk be provided. The total cost of maintenance and operation of the services should not exceed one dollar per capita per year. While one health officer can supervise the activities of a district health department, it is necessary that a minimum of one nurse, one sanitarian and one clerk be maintained in each of the counties comprising the district. It is also necessary that a branch office be maintained in each county with the headquarters office as near the center of the district as possible.

★ BIRTH CERTIFICATES

The article appearing on the next page was written by the State Health Officer of Wisconsin, but it is hoped that all Florida doctors and midwives will read, learn and inwardly digest this admonition which is the particular concern of doctors and midwives everywhere.

All doctors and midwives know that the law requires them to report within ten days to the local registrar every birth attended, whether the attendant at birth receives a fee or not. Failure to report a birth is a violation of the law.

Care in filling out the birth report, particularly in spelling proper names, is also important. Every physician and every midwife is urged to keep this thought in mind when reporting births—a service which has always been important and becomes increasingly so with each passing year.

EDWARD M. L'ENGLE, M. D., *Director*
Bureau of Vital Statistics

★ NEGLECTED BABIES*

By C. A. HARPER, M. D., *State Health Officer of Wisconsin*

There is an old saying, "In time of peace, prepare for war." Perhaps that is more emphasized today than any time in the history of the United States. There are many basic principles that can be laid down in time of peace that have apparently no war aspect. One of these principles is to see that every person born in the United States has a birth certificate made a matter of official record in some central organization. This is a simple matter at the time of birth and certainly a baby is entitled to have some official distinguishing title after he arrives into this world, for example, a Christian as well as a surname.

Ample provision is made for the registration of all births occurring in the State, yet it becomes a serious matter when nearly 30% of the babies born have no Christian name when the birth is reported. This necessitates sending out supplementary sheets on which later a Christian name is given to the child. It is regrettable that in a considerable number of instances parents to whom this request is sent fail to respond without repeated notifications and sometimes not at all and therefore the registration of the birth is only partially complete.

The failure in the past on the part of those who are responsible for reporting births, and especially those before 1907, has caused the Division of Vital Statistics many difficulties and large expense. Wherein normally about 22 people were employed to handle the vital statistics, this year in order to meet the requests for certified copies, mainly of delayed birth certificates, it has been necessary to employ at one time 238 workers, nearly one-half of whom were on the WPA payroll.

May it be clearly emphasized that the correct spelling of the surname as well as the Christian name is a vitally important factor. It has been found in many birth certificates on record that the

*reprinted from *Wisconsin State Board of Health Quarterly Bulletin*, July-September, 1942

name as written by the midwife or physician has been misspelled. Young men inducted into service have given what they considered the correct spelling of the name. Therefore the birth made a matter of record and the name given for induction into the Army do not correspond and a large amount of correspondence is thereby necessitated.

If all cases of birth had been reported, the problem of determining citizenship of all who were born in the State would have been an easy problem. Today it presents many difficulties to meet the requirements of the Federal Government and the burden of meeting such requirements is not only upon the Division of Vital Statistics but upon the individual citizen himself. All of this could have been eliminated if sufficient interest had been taken in the birth of children to have a certificate recorded with the proper spelling of his name and the Christian name as an additional identifying factor.

While we are not at peace at the present time let this warning be heeded by those who take charge of confinement cases that there shall be no recurrence of the difficulties that have been encountered at the present time.

The tables on the following pages show the births and birth rates per 1,000 population by color, by counties, for Florida in 1941, and the birth rates for the ten years 1932 through 1941. It will be seen that the birth rate for 1941 is the highest which has been recorded since the year 1928, when the rate was 21.5. That economic conditions affect the birth rate is indicated by the low rate in 1933 and its gradual rise since that date.

★ BIRTHS AND BIRTH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
STATE	37,550	19.6	26,765	19.2	10,785	20.8
Alachua	875	22.6	527	23.2	348	21.8
Baker	144	22.1	104	20.8	40	26.5
Bay	578	27.7	458	27.6	120	28.1
Bradford	250	28.7	178	27.4	72	32.3
Brevard	283	17.4	158	14.5	125	23.6
Broward	806	19.8	450	17.1	356	24.9
Calhoun	221	26.9	180	25.8	41	33.0
Charlotte	30	8.2	23	7.7	7	10.4
Citrus	102	17.4	70	16.8	32	18.9
Clay	123	19.0	82	17.3	41	23.6
Collier	70	13.7	52	15.7	18	9.9
Columbia	375	22.1	241	23.2	134	20.5
Dade	4,752	17.5	3,651	16.5	1,101	21.8
DeSoto	193	24.8	149	24.0	44	27.6
Dixie	198	28.0	118	29.6	80	25.9
Duval	4,665	22.0	3,355	23.5	1,310	19.0
Escambia	1,911	25.3	1,535	26.6	376	21.1
Flagler	48	16.0	11	6.6	37	27.6
Franklin	142	23.7	97	24.3	45	22.5
Gadsden (Ex.)	623	23.1	211	19.1	412	25.9
State Hospital	25	5.6	23	8.0	2	1.2
Gilchrist	92	21.6	71	19.6	21	33.0
Glades	35	12.7	21	12.6	14	13.0
Gulf	192	26.9	120	25.6	72	29.4
Hamilton	266	27.2	136	24.1	130	31.5
Hardee	197	19.4	190	20.1	7	9.7
Hendry	69	13.0	46	13.5	23	12.0
Hernando	113	20.0	80	19.7	33	20.6
Highlands	255	27.6	196	26.8	59	30.3
Hillsboro	3,572	19.7	2,897	19.4	675	21.3
Holmes	296	19.1	278	18.9	18	23.4

CONTINUED ON FOLLOWING PAGE

★ BIRTHS AND BIRTH RATES PER 1,000 POPULATION

COLOR, BY COUNTIES, FLORIDA, 1941
(Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
Indian River	177	19.7	120	19.0	57	21.3
Jackson	762	22.1	481	21.8	281	22.6
Jefferson	272	22.6	61	15.2	211	26.4
Lafayette	73	16.5	68	17.1	5	11.6
Lake	570	20.9	422	21.5	148	19.5
Lee	374	21.3	314	23.2	60	15.0
Leon	695	21.8	337	21.4	358	22.2
Levy	244	19.4	151	19.6	93	19.3
Liberty	67	17.9	53	18.7	14	15.1
Madison	333	20.6	164	19.4	169	21.9
Manatee	450	17.1	316	16.3	134	19.4
Marion	587	18.8	322	18.2	265	19.5
Martin	111	17.5	69	16.9	42	18.5
Monroe	273	19.3	216	18.7	57	22.2
Nassau	167	15.3	91	12.5	76	20.8
Okaloosa	298	23.0	274	23.2	24	20.6
Okeechobee	26	8.7	18	7.4	8	14.3
Orange	1,319	18.7	1,029	19.2	290	17.0
Osceola	168	16.6	135	16.7	33	16.0
Palm Beach	1,324	16.3	832	15.9	492	17.0
Pasco	269	19.1	219	18.5	50	21.8
Pinellas	1,223	13.1	914	11.9	309	18.9
Polk	1,780	20.5	1,436	21.0	344	18.5
Putnam	401	21.4	254	23.4	147	18.6
St. Johns	407	20.2	238	18.3	169	23.7
St. Lucie	287	23.9	157	19.9	130	31.5
Santa Rosa	334	20.7	290	20.5	44	22.7
Sarasota	291	17.9	214	16.9	77	21.5
Seminole	359	16.1	152	13.1	207	19.3
Sumter	212	19.1	139	17.4	73	23.6
Suwannee	351	20.6	220	19.0	131	23.9
Taylor	248	21.4	176	22.3	72	19.5
Union	100	14.1	74	14.7	26	12.6
Volusia	784	14.6	548	14.0	236	16.0
Wakulla	128	23.4	76	21.0	52	28.2
Walton	321	22.5	279	22.7	42	21.1
Washington	264	21.5	198	19.7	66	29.1

BUREAL OF VITAL STATISTICS — EDWARD M. L'ENGLE, *Director*

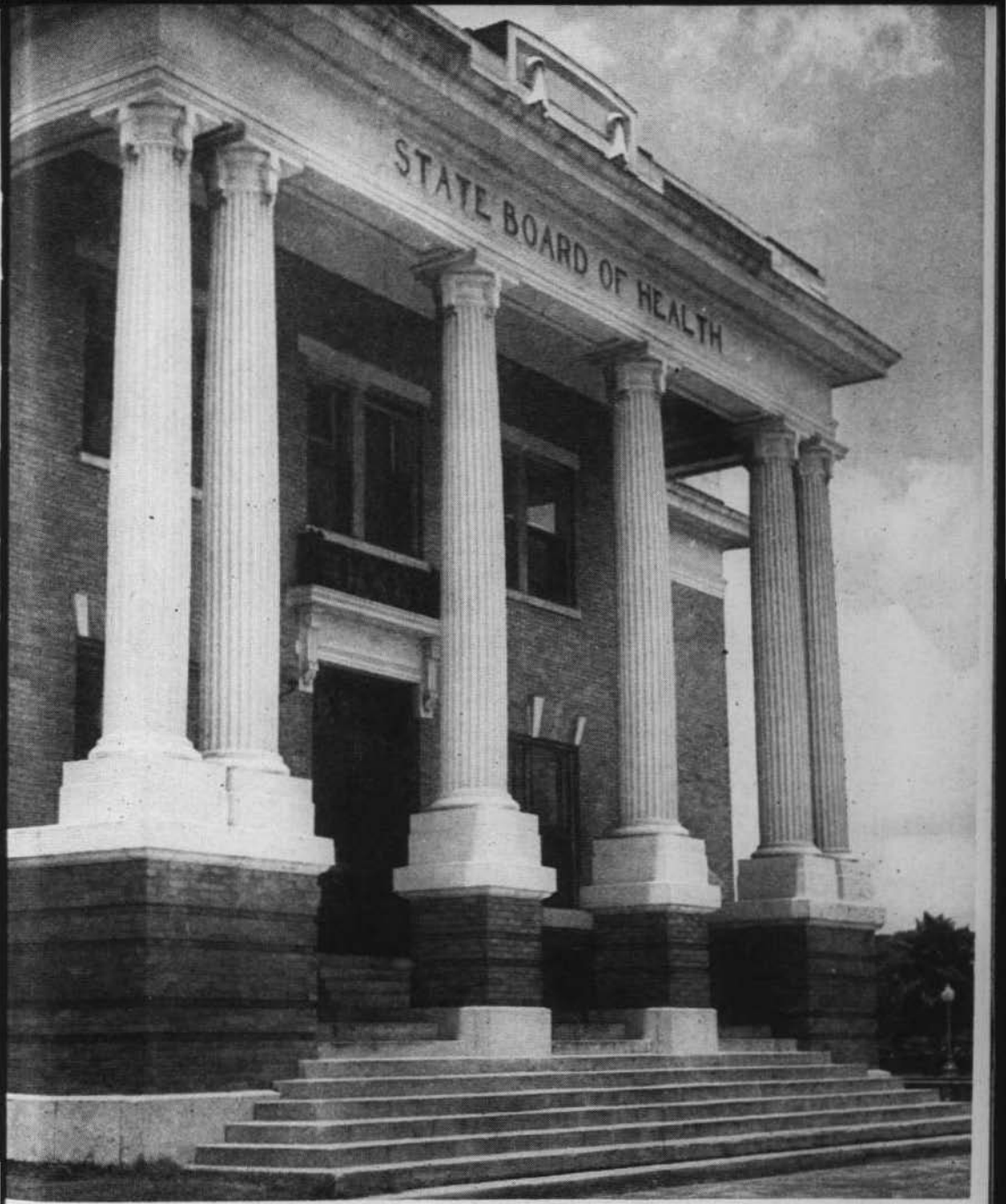
★ BIRTHS AND BIRTH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941

U. S. REGISTRATION BIRTHS AND RATES 1932-1940.

YEARS	TOTAL		WHITE		COLORED		U. S. Reg. Area	
	Births	Rate	Births	Rate	Births	Rate	Births	Rate
1941	37,550	19.6	26,765	19.2	10,785	20.8	*	*
1940	33,790	17.7	23,850	17.1	9,940	19.2	2,360,399	17.9
1939	32,328	17.4	22,680	16.9	9,648	19.0	2,265,588	17.3
1938	31,095	17.3	21,757	16.8	9,338	18.7	2,286,962	17.6
1937	29,488	17.0	20,559	16.5	8,929	18.3	2,203,337	17.1
1936	28,084	16.7	19,753	16.5	8,331	17.4	2,144,790	16.8
1935	28,049	17.3	19,584	17.0	8,465	18.0	2,155,105	17.0
1934	26,694	16.8	18,589	16.5	8,105	17.6	2,167,636	17.2
1933	25,681	16.5	17,602	16.0	8,079	17.9	2,081,232	16.6
1932	27,411	17.9	18,856	17.4	8,555	19.1	2,074,042	17.5

*Not available.

BUREAU OF VITAL STATISTICS — EDWARD M. L'ENGLE, *Director*



Florida HEALTH NOTES

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★ THE FUTURE

By HENRY HANSON, M. D., *Florida State Health Officer*

It is rather difficult to see why there should have been so much misunderstanding of my remarks on policy which appeared in the October "Health Notes." It seems that I was accused of threatening to abandon county health units and planning to return to the old large district system. There was nothing in the statements I made which would lead one to even imagine this as the policy of the State Board of Health. The persons who made these accusations ought to have read the article more closely than it seems they did.

The war emergency, however, is such that we may be compelled to make rather drastic readjustments for the duration. One of the steps that we (the public health workers of Florida) have been obliged to take is the postponement of the public health meeting in Miami which was scheduled to take place on the 7th, 8th and 9th of December. It is unfortunate that this step had to be taken because it is the one occasion when the State Health Officer has an opportunity to meet all the public health workers in the state and discuss policies with them. The principal reason for this discontinuation is travel difficulties as a result of gasoline and tire rationing.

In Richmond, at the meeting of the Southern Medical Association and various public health agencies such as the American Society of Tropical Medicine, the National Malaria Society and the Southern Branch of the American Public Health Association, all the state health officers stated that they were being stripped of personnel for service in the army. The situation in Florida is apparently simply a reflection of what is taking place in other states.

We will probably have to make some effort to group the small counties so that they may have a health service. At the present time one cannot make any definite statement about what type of grouping this is to be. The American Public Health Association suggested that the state be divided into seventeen small districts and in no grouping would they have a population as small as 25,000. This, however, is a thing which would have to have certain modifications and any grouping of that type would have to be done by someone who knows Florida and what the local conditions in the state are.

★ CRITERIA FOR SUCCESSFUL LOCAL HEALTH DEPARTMENTS

By A. W. NEWITT, M. D., M. P. H., *Director*
Bureau of Local Health Service

IMPACT OF THE WAR

In this war as well as all other preceding wars of modern times the mobilization of men for the armed services has brought about public health problems which seriously affect both the armed forces and the civilian population. The establishment of a training camp or base means the sudden influx of thousands of soldiers or sailors into the community. Public eating and drinking establishments in the vicinity are often swamped with customers several times beyond their normal capacity, and consequently the adequate sterilization of dishes and utensils and other means of preventing the transmission of disease through the handling of food and drinks may be neglected. In the event of an outbreak of disease among the civilian population there is serious danger of its spread to the armed forces causing loss of training time, disorganization of schedules and possibly serious disability or deaths. The importance of venereal diseases and their effect on the armed forces and civilian population cannot be over emphasized.

In order to meet the demands created by the war impact the local health department must be alert to the changing needs of the community. The carefully balanced programs of pre-war days must be adjusted to meet the new conditions. The importance of a particular activity must be judged by its value as a contribution to the war effort; and if necessary, it should be subordinated to allow more time and effort for some other activity which has a more direct "winning the war" application.

Neither the army nor the navy can set up safeguards against the possibility of spread of disease from the civilian population to their men except by placing certain dangerous areas out-of-bounds. The whole responsibility rests with the state and local health departments to erect and maintain the barriers. If there are sufficient trained personnel, money and equipment, the health department can and will function

continued on page 159

★ During war times our man power must be conserved. Every man and woman who develops tuberculosis weakens the home front. It is vitally important that we redouble our efforts to check the spread of this disease by finding the cases in the earlier stages.

★ An x-ray of the lungs is the most important method of detecting pulmonary tuberculosis early. In 1943 more x-rays will be needed. The funds raised by the sale of Xmas Seals will play a major role in meeting this demand.

★ HOME CARE OF THE ADVANCED CASE OF PULMONARY TUBERCULOSIS

By LYNNE E. BAKER, M. D., *Director*
Division of Tuberculosis

ISOLATION AT HOME

Patients with far advanced cases of pulmonary tuberculosis who are too ill to be admitted to the State Tuberculosis Sanatorium present a very serious public health problem. A few counties in Florida have made provisions to care for these advanced cases in local hospitals or rest homes. In the great majority of counties, however, no hospitals or isolation units are available. An attempt must then be made to care for these patients at home.

It is vitally important that this type of patient be confined in a room by himself. Many times, this is an impossibility. Sometimes a screened-in porch or a cottage in the yard (called a Burr cottage) can be constructed.

In order to protect the other members of the family, a very rigid regime must be followed. Only the person caring for the patient should be allowed in the room. Children under sixteen years should never be permitted in the room. Visitors should be discouraged as much as possible.

The patient must be taught to always cover his mouth with a paper tissue when coughing, sneezing or clearing his throat. The tissue should immediately be discarded into a paper bag, pinned to the side of the bed. When the bag is full, it should be burned.

Dishes and silverware as well as linens, towels and gowns used by the patient should be kept separately and should always be cleansed by boiling.

A cloth mask covering the nose and mouth should be worn at all times by the person caring for the patient. These masks

should be changed at frequent intervals and boiled. The attendant should always wash his hands thoroughly with soap and water after caring for the patient.

The room should have screens on the windows and doors so that flies and mosquitoes cannot enter. In order to cause as little dust as possible, a moist broom, mop or dust cloth should be used in cleaning the room.

A cheerful attitude toward the patient as well as encouragement as to his condition is vitally important. He should not be bothered with the many problems that arise, as worrying will not help his condition. Even though the patient is hopelessly ill, he should be treated as though he is going to recover.

There are many ways to make the patient's confinement more comfortable and pleasant: good, appetizing food; interesting books and magazines; a small, bedside radio; flowers and pictures to brighten the room. These are only a few of the many that can be mentioned.

Again, it should be emphasized that the patient should remain in bed at all times, and never leave the room unless given permission by his physician. He should be taught that tuberculosis is contagious, and that it is absolutely necessary for him to cover his mouth every time he coughs, sneezes or clears his throat—whether someone is in the room or not. This point cannot be stressed too strongly. There are many patients who still do not believe in germs, and think it foolish to take precautions against spreading the disease to others.

From the public health standpoint, the advanced case of pulmonary tuberculosis in the terminal stage of the disease is very dangerous. Due to the limited number of hospital beds for tuberculosis patients, most of these cases must be cared for in the home. If a rigid regime is followed, the spread of this disease to other members of the family can often be prevented.

★ SHARE THE MEAT — BUT EAT!

By VERA WALKER, *Nutrition Consultant*
Bureau of Maternal and Child Health

During the week of November 30 to December 5 every housewife in America should be visited by either a block leader of the Civilian Defense Council or a rural leader serving with the Agricultural Extension Division. Whichever person calls on Mrs. America, the message she hears will be the same—it will be a request for her cooperation in the nationwide plan for voluntary rationing of meat.

Although this year's meat supply is the greatest on record, it will not be enough to feed our service men, meet our lend-lease obligations, and feed the civilian population too, if the civilian population insists on having "beef-steak-as-usual". Our war needs are vital and must come first; so civilians are being asked to limit themselves to two and one-half pounds of carcass meat per person per week. This includes bacon, and the bone and fat on retail cuts of pork, beef, and mutton. It does *not* refer to the gland and organ meats such as liver and heart, or the meat products made from the head, tail, and feet of the animal. It does not refer to fish or poultry.

The government is not asking everyone to eat less meat. It is asking housewives to use more liver, heart, kidney, sweetbreads, tongue, fish and poultry instead of the steak, chops, and roasts that they have been accustomed to using. It is asking families to be open-minded, to be willing to try new meats which they may have thought they would not enjoy.

The government is not asking civilians to make any sacrifices. Two and one-half pounds of meat divided over seven days means about five ounces, or one serving daily. This is many times the amount that civilians in Europe may have. Restricting one's self to one serving of meat a day is not a hardship.

Many housewives will need to become acquainted with the other foods that are good sources of protein in order that they may keep their families' diets adequate, and their appetites satisfied. They

should realize that while meat is best known for its protein value, it is also a good source of iron, and of the B vitamins. While the liver and kidney contain more iron and the B vitamins than ordinary meat does, fish has less. So on the days that fish is eaten, whole grain cereals and green leafy vegetables should be served in larger amounts to make up for the lower iron content of fish.

Most of us eat meat because we like its flavor. We are entirely unconscious of its food values. Clever housewives will learn how to extend the flavor of their meat supplies by using mixed dishes containing meat with other foods, such as thick beef stew with vegetables.

To help housewives become familiar with the unrestricted cuts of meat, the use of meat extenders, and the preparation of other protein foods, the various government agencies are preparing bulletins, and state and county nutrition committees are planning cooking demonstrations.

Civilian Americans are not being subjected to a hardship; they are being given an opportunity to widen their food likes, to be broader, better-educated eaters.

★ SCHOLARSHIPS AVAILABLE IN PUBLIC HEALTH NURSING

The Federal Government, in recognition of the need for well trained workers and for development of leadership in Public Health Nursing, offers through George Peabody College, a limited number of scholarships to qualified nurses. These grants cover tuition and a contribution toward maintenance. For application blanks and information in detail, write to Aurelia B. Potts, Division of Nursing Education, George Peabody College for Teachers, Nashville, Tennessee.

★ LATEST INFORMATION ABOUT THE CCC CAMPS FOR INFECTED PROSTITUTES

By WILSON T. SOWDER, M.D., *Passed Assistant Surgeon, U.S.P.H.S.*
Director, Division of Venereal Disease Control

The State Board of Health has been informed that its application for funds for maintenance and operation of three CCC camps as quarantine hospitals, has been approved for $396,157. The State Board of Health had applied for $451,957. The Federal Works Agency is preparing a formal contract covering the expenditure of this money. None of these funds will be available until this contract is prepared.

Several months ago, we were informed by Army officials of the Fourth Service Command that the three CCC Camps at Wakulla, Ocala, and Sarasota would be reserved for our use. These camps will be turned over to the office of Defense Health and Welfare Services in Atlanta, which in turn, is expected to turn them over to the State Board of Health. The State Board of Health notified the office of Defense Health and Welfare Services some time ago that it was ready to receive these camps, but the act of transfer has not yet taken place.

The work of renovating these camps and preparing them for the reception of infected prostitutes will proceed immediately upon receipt of funds and the camps. Besides the renovation of the camps it will be necessary to secure properly trained personnel, including doctors and nurses, and equipment, before the camps can begin to operate. All these processes are being pushed as rapidly as possible.

The U. S. Public Health Service will furnish doctors, nurses, and some clerical personnel for these camps. The officials of the Fourth Service Command and of the Florida office of the Work Projects Administration have also indicated their willingness to provide as much equipment as possible for these camps. This assistance will be more than welcome because of the impossibility, at present, of securing some items in the open market.

Since the main idea of these camps is to provide treatment for infected individuals and since they are to be handled by the Florida State Board of Health, an agency concerned only with health

work, they will be called hospitals—Florida State Board of Health Hospitals—and will be operated as hospitals. The other features of these institutions, detention and rehabilitation, however, will be given proper emphasis. Trained social workers will investigate the background of each girl and endeavor, when a cure is complete, to return her either to her home or to a respectable job. As much vocational training will be given as is possible within the relatively short time that these girls will be held in the hospital.

CRITERIA FOR SUCCESS LOCAL HEALTH DEPARTMENTS, **Continued from page 152**

effectively, but the call to arms has seriously depleted the ranks of our health officers, sanitary officers and public health nurses. In those areas where such trained personnel has been depleted, the load on those remaining on the job has become a very heavy burden.

It is extremely important, therefore, that these departments receive the wholehearted cooperation of the public. Physicians should promptly report the occurrence of a case of communicable disease in order that spread from the first case may be prevented insofar as possible. Food handling establishments should restrict their volume of business within the limits of their capacity to properly serve their customers and maintain adequate safeguards against contamination of food. Lay organizations, defense committees and all patriotic citizens can cooperate by working with the health department and by insisting that high levels of sanitation are maintained by the stores and restaurants they patronize.

★ STATISTICS

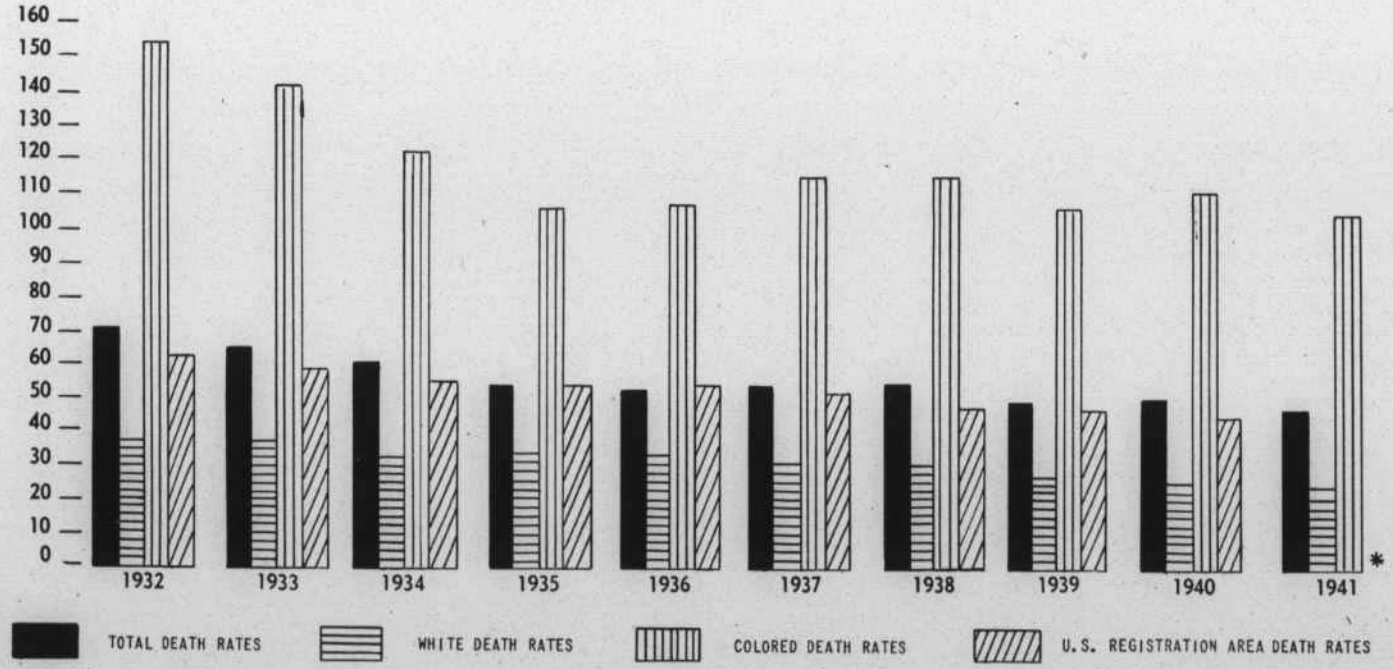
On the following pages appear two tables relating to tuberculosis. Table 1 shows the deaths by color and by counties for Florida for the year 1941. Table 2 shows the death rates for the ten years 1932-1941. It will be seen that the 1941 death rate is the lowest recorded for that period of time. It is, as a matter of fact, the lowest since accurate statistics were first kept in 1917.

During the time covered by Table 2, the tuberculosis death rate has decreased by 16.2%. The rate for white has decreased 8.4% while the rate for colored has decreased 20.6%. During the same period, the United States rate as a whole has decreased 20%. However, the rate in Florida for colored is four times the rate for the white and is almost two and one-half times the rate for the United States in 1940.

TABLE I. DEATHS FROM TUBERCULOSIS (ALL FORMS) AND RATES PER 100,000 POPULATION BY COLOR, AND BY COUNTIES, FLORIDA 1941

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
State	916	47.9	362	26.0	554	107.0
Alachua	13	33.6	4	17.6	9	56.4
Baker	1	15.4	1	20.0	0	—
Bay	4	19.2	1	6.0	3	70.2
Bradford	1	11.5	0	—	1	44.9
Brevard	5	30.8	1	9.2	4	75.4
Broward	11	27.1	5	19.0	6	42.0
Calhoun	2	24.3	2	28.7	0	—
Charlotte	1	27.3	0	—	1	148.6
Citrus	0	—	0	—	0	—
Clay	4	61.8	3	63.4	1	57.6
Collier	0	—	0	—	0	—
Columbia	19	112.2	3	28.8	16	244.8
Dade	131	48.1	61	27.5	70	128.5
DeSoto	1	12.8	1	16.1	0	—
Dixie	1	14.1	1	25.1	0	—
Duval	167	78.8	34	23.8	133	192.8
Escambia	32	42.3	17	29.4	15	84.3
Flagler	0	—	0	—	0	—
Franklin	0	—	0	—	0	—
Gadsden (Ex.)	12	44.5	0	—	12	75.6
State Hospital	26	577.5	10	348.4	16	980.4
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	4	56.0	2	42.6	2	81.6
Hamilton	4	40.9	2	35.4	2	48.4
Hardee	2	19.7	2	21.2	0	—
Hendry	2	37.7	0	—	2	104.7
Hernando	2	35.4	0	—	2	125.0
Highlands	3	32.4	1	13.7	2	102.8
Hillsboro	97	53.5	46	30.8	51	160.9
Holmes	0	—	0	—	0	—
Indian River	3	33.4	3	47.6	0	—
Jackson	13	37.8	5	22.7	8	64.5
Jefferson	4	33.2	0	—	4	50.0
Lafayette	0	—	0	—	0	—
Lake	6	22.0	2	10.2	4	52.6
Lee	5	28.5	1	7.4	4	100.3
Leon	6	18.8	1	6.3	5	31.0
Levy	1	8.0	0	—	1	20.7
Liberty	0	—	0	—	0	—
Madison	5	30.9	3	35.5	2	25.9
Manatee	9	34.3	3	15.5	6	86.8
Marion	12	38.4	4	22.6	8	58.8
Martin	3	47.3	1	24.6	2	87.9
Monroe	7	49.6	4	34.6	3	116.7
Nassau	2	18.3	2	27.6	0	—
Okaloosa	1	7.7	1	8.5	0	—
Okeechobee	1	33.3	1	41.0	0	—
Orange	92	130.2	46	85.9	46	268.9
Osceola	6	59.2	3	37.2	3	145.5
Palm Beach	44	54.1	15	28.6	29	100.2
Pasco	5	35.4	2	16.9	3	130.6
Pinellas	45	48.3	29	37.7	16	97.9
Polk	24	27.6	13	19.0	11	59.3
Putnam	6	32.1	1	18.5	4	50.7
St. Johns	5	24.8	1	7.7	4	56.2
St. Lucie	3	25.0	0	—	3	72.7
Santa Rosa	4	24.8	3	21.2	1	51.5
Sarasota	7	43.1	3	23.7	4	111.5
Seminole	10	44.8	3	25.9	7	65.1
Sumter	2	18.0	0	—	2	64.8
Suwannee	4	23.4	1	8.6	3	54.8
Taylor	6	51.8	1	12.6	5	135.8
Union	5	70.5	0	—	5	242.1
Volusia	21	39.0	12	30.7	9	61.0
Wakulla	0	—	0	—	0	—
Walton	2	14.0	0	—	2	100.7
Washington	2	16.3	0	—	2	88.3

TABLE 2. TUBERCULOSIS (ALL FORMS) DEATH RATES PER 100,000 POPULATION BY COLOR, FLORIDA, 1932-1941. U. S. REGISTRATION AREA DEATH RATES FOR 1932-1940.



* not available.

BUREAU OF VITAL STATISTICS, EDWARD M. L'ENGLE, *Director*

★ BOOKS ON TUBERCULOSIS

AVAILABLE FROM
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Physicians, nurses, and teachers interested in public health are privileged to use the reference facilities of the Florida State Board of Health Library housed in the State Board of Health Building at Jacksonville. The books will be mailed free of charge for a two-week loan period, and any other references, including pamphlets and reprints, will be loaned upon request. The many indexes of the Library are available for the use of physicians and nurses, and bibliographies will be prepared by a trained librarian.

Many of the newest books on tuberculosis and current magazines dealing with this subject are available on loan. Books on tuberculosis and related subjects are listed below:

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